

PUBLIC HEALTH NURSING

MAR 30 1944

MARCH
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■ ANNUAL MEETING—1944

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OF QUALITY AND WORKMANSHIP IT IS POSSIBLE TO OBTAIN

PUBLIC HEALTH NURSING

Official Organ of the National Organization for Public Health Nursing, Inc.

Wartime Meeting

PERHAPS WE might have added another phrase to NOPHN's current slogan if it were not that slogans must be brief and must seek to imply what they leave unstated. We might have said, "A big job today—a bigger job tomorrow, but still essentially the same job."

A report of the NOPHN'S annual meeting follows these paragraphs. Probably many public health nursing agencies throughout the country recently have held their own annual meetings. The participants and audience probably came away from these gatherings with the feeling that though there are new situations to be met, the purpose and function of public health nursing remain the same though with added flexibility in method. There may be some danger in considering that public health nursing is as well defined as this, and that our function does not shift appreciably from year to year. On the other hand, if our function were not pretty well defined through years of steady effort, we would be saying that our work had not counted for much in the establishment

of recognizable foundations for practice.

One of the clearest evidences of this carry-through is the report of the Committee on Postwar Planning touched upon in Miss Houlton's summary. In this committee discussion those present emphasized that we can look for no clear line of demarcation in basic demands between the present period and that which will follow the war. Then, as now, and as in the past, we are called on for a strengthening and vitalizing of public health nursing to meet community needs. This calls increasingly for the best possible professional preparation of the individual nurse through education and experience. In this respect we are trying to fill in the gaps in basic and graduate training as we recognize them. It also necessitates the strongest organization possible of national and local resources to insure that these nurses are adequately distributed with relation to existing needs or future plans for medical care, so that the skilled service the individual nurse has to give can best reach those who need it.

A Permanent Volunteer Service

ONE OF the values which has emerged from World War II is the fine service which is being rendered by volunteers, from all walks of life and in every section of the country. How this service can be made permanent and stable so that the end of the war does not see also the end of this splendid contribution is increasingly engaging the best thought of

leaders in the health and welfare field. Public health nursing agencies especially have benefited from the assistance given by hundreds of volunteers, as indicated by a trio of articles in this issue. The NOPHN Yearly Review for 1942 showed that auxiliary workers served in about half the agencies reporting, to the extent

(Continued on page 154)

The Annual Meeting, 1944

By RUTH HOULTON, R.N., Secretary

Board of Directors, National Organization for Public Health Nursing

THE ANNUAL meeting of the Board of Directors of the National Organization for Public Health Nursing took place on Friday, January 28, 1944, in the NOPHN Conference Room, 1790 Broadway, New York City.

Twenty-one of the 31 members and several guests were present from the following states: Ohio, New York, Louisiana, Washington, D.C., New Jersey, California, Pennsylvania, Michigan, Wisconsin, Nebraska, and Arkansas.

The entire executive staff of the organization attended with the exception of Ruth Fisher, who at the time of the Board meeting was studying public health nursing needs in war communities of the South. In spite of the full attendance by Board and Staff, the annual meeting seemed small as compared with previous years. This was due to the fact that the Council of Branches has chosen to hold its annual conference at the time of the Biennial Business Meeting in Buffalo next June instead of in January as usual. Hence representatives from the 21 state organizations for public health nursing were absent.

Highlights of NOPHN activities in 1943 were listed in the Report of the General Director to the Board as follows:

War Service Project

This project is an outgrowth of the NOPHN Survey of Public Health Nursing Care of the Sick in 16 Communities. Its purpose is to develop needed public health nursing services for care of the sick in

war communities. It is made possible by appropriations from local war chests to American War-Community Services, Inc., of which NOPHN is a member. The other agencies included in AWCS are the Child Welfare League of America, the Family Welfare Association of America, National Institute for Immigrant Welfare, National Urban League, and the YWCA. Field work for the NOPHN war service project began in January 1944. The Board and Committee Members Section has voted to assist by finding interested citizens to participate in the program in communities selected for intensive work.

Public Health Nursing Education

In the field of public health nursing education there have been several significant developments:

1. The Committee on Accreditation has reviewed during the past year, for the first time in the history of NOPHN, the approved university programs of study in public health nursing on the basis of recently revised Essential Requirements for Postgraduate Programs of Study in Public Health Nursing. Continued status of each program was decided after review.

2. The United States Public Health Service has loaned the services of a nurse part time, Mary J. Dunn, to implement the work of the Joint Committee of the National League of Nursing Education and the NOPHN on Integration of the Health and Social Aspects of Nursing in the Basic Curriculum.

3. In February 1943 a joint visit was

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made for the first time by the NLNE surveyor of schools and the NOPHN education secretary for a curriculum study. The visit was prompted by the request of the Skidmore College Department of Nursing that a study be made to determine, "What would a Skidmore graduate in nursing be required to take in another university in order to qualify for the public health nursing certificate?"

4. A new program of study in public health nursing was approved during the year at the Incarnate Word College in San Antonio, Texas, making a total of 30 universities with such programs. A program of study for white nurses was also approved in the Medical College of Virginia where there already was an approved program for Negro nurses.

5. The Joint Orthopedic Nursing Advisory Service has completed a study of and has made recommendations concerning desirable preparation for nurses in the field of orthopedic nursing.

6. Nine NOPHN orthopedic scholarships were awarded for study in 1944.

New Committees

The Advisory Committee on Vocational Counseling has been reorganized.

Two new committees of the School Nursing Section have been very active—the Committee to Set Up Standards of Supervision for School Nursing and the Joint Committee on Lay Participation in School Nursing. The latter, composed of representatives from the fields of health and physical education, school nursing, and social welfare, is studying the functions of the school nurse.

The Advisory Committee on Publicity, composed of experts in this field, has held two meetings.

In December a Committee on Postwar Planning was appointed.

Yearly Review

The year was marked by an unprecedented number of inquiries for salary data

and information concerning programs, qualifications of workers, agency policies, use of auxiliary workers. Answers to these questions were available from the Yearly Review made by the Statistical Service.

Community Studies Completed

Five community studies were completed: Warwick, Warren, and North Providence, Rhode Island; Muskegon, Michigan; and Millbrook, New York. Studies of orthopedic nursing were made in two communities: Worcester, Massachusetts, and Scranton, Pennsylvania.

Advisory Service in Tuberculosis Nursing

The National Tuberculosis Association has appropriated money for a tuberculosis nurse consultant for the NOPHN staff.

New Staff Appointments

Heide L. Henriksen, industrial nurse consultant, joined the staff in July.

Ella Louise Gilmore, assistant director, came in December to relieve Ruth Fisher for work in connection with the NOPHN project for American War-Community Services.

Ruth Gilbert, part-time editorial consultant, replaced Leah M. Blaisdell in that capacity in September.

Mrs. Louise Lincoln, tuberculosis nurse consultant, begins work February 1, 1944.

Publications of the NOPHN

Special publications during 1943 were:

1. JONAS handbook, Orthopedic Conditions at Birth—Nursing Responsibilities.

2. Public Health Nursing Care of the Sick—A Survey of Needs and Resources for Nursing Care of the Sick in Their Homes in 16 Communities.

3. Volunteers and Other Auxiliary Workers in Public Health Nursing—A Guide to Their Selection, Training, and Use.

4. School Health Service, Daily-Monthly Report, Part I and Part II.

5. Statistical Reporting in Public Health Nursing (published January 1944).

Revised publications:

1. The Nurse in the Industrial Field
2. Publications List

A series of articles on various wartime adjustments have appeared in PUBLIC HEALTH NURSING Magazine throughout the year. Over 100,000 reprints have been distributed. Most recent of these is a statement of "Wartime Essentials in School Nursing," by Bosse B. Randle, published in the September issue of the Magazine, and in the September issue of *The Journal of Health and Physical Education*.

The Board approved the budget as presented by the Finance Committee of \$137,695 for 1944 expenditures, \$8,270 more than anticipated income. Reserve funds are sufficient to cover this deficit if it becomes necessary to use them. (For 1943 financial statement, see page 152.)

Much of the morning session was filled with discussion of the report of the Committee on Postwar Planning. This committee had held its first meeting on the previous evening. Marion W. Sheahan, chairman, reported that the committee believes work for the postwar or reconstruction period must begin immediately since no line can be drawn between activities related to the present and those which look toward the future. The committee agreed on the following general program:

That as an organization NOPHN has an obligation to be an active force in all public health nursing movements; to determine what constitutes a sound public health nursing organization in a given area and aid in establishing that organization; and to consider assimilation of returning military nursing personnel. To this end, the NOPHN should maintain an enlarged and dynamic field service.

That NOPHN should take action further to define and put into effect standards, since the stated opinion of a national

organization has great value in establishing and maintaining desirable standards in education and community service, particularly when administered through official agencies.

That NOPHN should continue to stimulate lay participation in public health activities and better interpretation of public health nursing to the population it serves. The most effective means of creating interest, *participation*, is now being demonstrated in the use of volunteers and other auxiliary workers in hospitals and public health agencies.

That the following subjects should be studied:

1. Comprehensive plans for complete home nursing service in addition to other care administered under such arrangements as group hospitalization.

2. Policies concerning fees charged for home nursing care.

3. Use of public health nurses in hospitals to act as liaison persons between patients and community nursing agencies.

4. Plan for a community organization to serve as an overall registry for the distribution of all nursing personnel, so that individual and agency employers as well as nurses seeking positions need not go to many different sources for information and placement.

5. Preparation of public health nurses in special clinical fields, such as mental hygiene, pediatrics, orthopedics, through provision of well qualified consultants and supervisors in these fields and stimulation of broader integration of the subjects in the basic curriculum.

The Board, in accepting this report, recommended that all sections and committees of NOPHN consider the suggested postwar program to see where they can help to implement the objectives agreed upon. After they have done this, their proposals will be reviewed by the Postwar Planning Committee whose membership is composed of chairmen of other committees and sections. Members to-

gether with the groups they represent are: Marion W. Sheahan, chairman; Leah M. Blaisdell, education; Hazel Corbin, maternity and child health; Ruth Evans, orthopedic nursing; Elizabeth G. Fox, housing; Ruth Gilbert, publications; Marie Johnson, records; Natalie W. Linderholm, publicity; Ella E. McNeil, vocational counseling; Marian G. Randall, nursing administration; Bosse B. Randle, eligibility; Emilie G. Sargent, membership; Dorris Weber, cost analyses; Mrs. S. Emlen Stokes, board and committee members; Mellie Palmer, school nursing; Mrs. Christian F. Seabrook, industrial nursing; Grace Ross, education and employment problems of Negro public health nurses.

Ruth Hubbard reported for the Committee on Accreditation that the committee within one year has reviewed approved programs of study and has consulted with several other colleges and universities that desire to be on the approved list. A recommendation of the Committee that active support be given to the prompt development of a central accrediting body was passed by the Board.

The Eligibility Committee, which had been asked by the Board to investigate the advisability of reclassification of members, recommended that NOPHN by-laws be revised to provide for only two classes of individual membership (1) members (2) nurse members. This recommendation was referred to the Committee on Revisions to work out the details.

Mrs. Natalie W. Linderholm, director of public relations of The Greater New York Fund and chairman of the new Advisory Publicity Committee of the NOPHN, stated that her committee has concluded there is a tremendous wealth of important information concerning public health nursing which should be shared with the public. She urged the Board to formulate a long range plan to bring this material more easily and economically to public attention. Mrs. Linderholm men-

tioned two new NOPHN leaflets on the preparation of which the Committee assisted, "For Better Health in America," designed for general public information, and "A Big Job Today—A Bigger Job Tomorrow," new nurse membership leaflet.

Mrs. Shaw reported for the Publications Committee its recommendation that its name be changed to Magazine Committee and in the future its function be limited to publication of the Magazine. The Committee is to be considerably enlarged so that the members represent more adequately all sections of the country. The Board approved these changes.

Reports of the Board and Committee Members Section, Industrial and School Sections, Joint Council on Orthopedic Nursing, Advisory Committee on Vocational Counseling and the Education Committee all indicated that sections and committees already are looking forward to the reconstruction period.

The Board and Committee Members Section advanced a plan to sponsor a nationwide "Know Your Public Health Nurse Day."

The School Nursing Section is considering the advisability of permanent state committees to work with the Section on school problems of the future.

The Industrial Nursing Section is helping to promote employment and improve distribution of industrial nurses, and is assisting with plans for preparing industrial nurses both through the basic curriculum and by means of posthospital courses.

The orthopedic nursing service, financed by The National Foundation on Infantile Paralysis, through scholarships and educational material is doing much to prepare nursing consultants in this field. Jessie L. Stevenson, director, believes every community should have an orthopedic nursing service. There will be many new patients with orthopedic disabilities among returning soldiers and new polio

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epidemics must be expected. Recommendations of a special committee to study desirable preparation of orthopedic nurses appear in the February issue of the Magazine.

The Education Committee sees the need for all of its work to be coordinated more closely with that of other national agencies and recommended continuance of the Joint Committee of the National League of Nursing Education and the NOPHN on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum. It recommended also addition of at least one more staff member to assist with education activities.

The newly formed Advisory Committee on Vocational Counseling plans as its most important tasks immediately ahead (1) to act as the public health advisory committee for the American Nurses Association study of placement service and vocational counseling as an activity of that organization (2) to study postwar needs for vocational material (3) to prepare suitable vocational leaflets (4) to encourage recruitment of graduate nurses for the public health field.

A report of action taken by the Joint Boards of the ANA, NLNE, and NOPHN will appear in an early number of the Magazine.

FEDERAL AID FOR RELOCATING PHYSICIANS AND DENTISTS

THE UNITED STATES Public Health Service has requested that the following announcement of February 8, 1944, relative to federal aid available for relocating physicians and dentists be published in the professional nursing journals. The Public Health Service recognizes that public health and other nurses are in a strategic position to note medical personnel shortages and bring this important information to the attention of local authorities.

During its last session, Congress passed a deficiency appropriation bill which included an authorization to the U. S. Public Health Service to enter into agreements with and make certain payments to physicians and dentists to relocate in communities needing medical and dental services. On December 23, 1943, this measure became Public Law 216, 78th Congress.

The law is designed to provide relief to those areas which for various reasons have undergone the hardship of inadequate medical and dental care. Many of these communities have lost their doctors and dentists to the armed forces.

The law also provides an opportunity for the physician or dentist who has wanted to set up practice in another community, but has hesitated because of the financial risk of those first

months during which he and the families in the new town are becoming acquainted. Now, with a three-month allowance assured and with transportation paid for him, he can make that move with less fear of financial loss.

Any municipality, county, or other local subdivision of government may file an application to secure a physician or dentist. Application forms are secured from the state health department. The application is executed by the legally authorized representative of the community (the city manager, mayor, chairman of the county board of supervisors, county judge, etc.). The application is sent, with the community's remittance of \$300, made payable to the Treasurer of the United States, to the state health department for approval. When this approval is given, the state health department forwards the community's application and \$300 to the U. S. Public Health Service.

Upon receipt of the community's application and payment of \$300, the Public Health Service can enter into an agreement with a physician or dentist who has a permit to practice in the state in which the applicant community is located, who agrees to practice in that community for at least one year, and who is acceptable to the community. The costs of transportation of the physician or dentist, his family and household effects are paid. In addition, a monthly allowance of \$250 a month for three months will be

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Health Promotion through Volunteers

By SALLY LUCAS JEAN

WHEN ALL persons of Japanese ancestry were excluded from designated military areas in the United States, the evacuation of more than 100,000 men, women, and children was placed in the hands of the War Relocation Authority, more familiarly known as the WRA, established by President Roosevelt, March 18, 1942. Its function is described in a publication of the Relocation Communities for Wartime Evacuees, WRA, as follows:

"In essence, the job of this agency is to re-establish the evacuated people as a productive segment of the American population; to provide as nearly as the wartime emergency permits an equitable substitute for the lives and homes given up; to facilitate the reassimilation of the evacuees into the normal currents of American life."

About two years have passed since the first of that extensive trek of evacuees began, and the Government is now attempting "to facilitate the reassimilation of the evacuees into the normal currents of American life." Such of the evacuees as are unwilling to swear allegiance to the United States are being transferred to a special camp, with the view that they will be returned to Japan when transportation is available. As of August 1943 about 13,000 had been released after careful scrutiny of their records covering the period before Pearl Harbor and since their admission to the relocation centers.

Poston, Arizona, the largest of the ten relocation sites selected, is on the Arizona side of the Colorado River half way be-

tween Needles and Yuma. Although Poston is still an unfamiliar name to many of the postoffice and railroad officials, it is a very real community with a population of 18,000. Here, out of sagebrush and silt, in an unused section of the Colorado River Indian Reservation, evacuees from California, the western half of Washington and Oregon, and the southern third of Arizona, have been developing a green irrigated valley for their own use during wartime and for postwar use by Indian tribes. The project is being administered by the Office of Indian Affairs, under policies formulated by the WRA.

Although the entire area includes 72,000 acres, the people are concentrated in three camps, living in barracks, where, in many instances, more than one family occupies a single apartment 20 by 25 feet. This, obviously, involves disruption of family life.

Barracks also house the schools, where on cold mornings both teacher and children shiver. In the afternoons, the desert sun makes efficient work almost impossible. There are dust storms when adobe silt penetrates the loosely built structures, covering books and papers, as well as hair and clothes. The evacuees have accepted all these discomforts with the stoicism of their race.

The Education Department is attempting to keep up the high educational standards maintained in the states from which the 5,000 evacuee children came.

A well equipped 250-bed hospital is running efficiently. There is also a public health department. The well-trained

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evacuee doctors have cooperated wholeheartedly in the program, and in addition to their duties as surgeons, physicians, and dentists, are performing specific public health activities most efficiently. There has not been at any time a sufficient number of physicians or graduate nurses among the evacuees. To meet the need for nurses, young evacuee women are being continuously educated to serve as nurse's aides in the hospital, under the direction of Elizabeth Vickers, a well qualified graduate nurse.

THIS PROGRAM started at Poston when the health service was established May 1, 1942 with a class of 33 students. Since that time, four other classes have entered, making a total of 129 students who have received nurse's aide training. In the one-year training period, 80 hours are devoted to classroom work, with planned experience of from one to three months' duration in nine of the major hospital services. The classroom work includes practical nursing procedures and lectures. This part of the training is given during the first months of the course. The aides work on the wards eight hours per day after the first two weeks, with one and a half days off duty each week. They rotate in three shifts to cover the twenty-four hour period.

Since the hospital was opened, the aides have helped in the care of 2,387 patients, assisting in the delivery of babies, after-care of mothers, major operations, care of tuberculosis patients, and other tasks. The Kenny method of treatment was given entirely by the aides to 14 poliomyelitis patients, under the physiotherapist whose services were furnished by The National Foundation for Infantile Paralysis.

Miss Vickers states, "The nurse's aides have learned a great deal about nursing and an enormous amount of service has been given the residents of Poston which would not have been possible without

them. They are fine students and excellent workers. During the difficult days of adjustment and organization building, when Poston was new, they showed not the first indications of defeat or lack of spirit in any situation. Many of us in the trained personnel group borrowed courage from the excellent spirit shown by the nurse's aides and thus undoubtedly carried on more efficiently."

Now that the evacuees are being encouraged to leave the centers, many of these young women have gone to various institutions to serve as nurse's aides: 12 have gone to the University of Michigan Hospital; 3 have entered training in hospitals in Minnesota and Illinois; 52 are engaged in other types of employment. Whether or not they continue in the field of health, they have made a magnificent contribution and will undoubtedly become more capable citizens as well as better wives and mothers for this experience.

AS ONLY one evacuee with training as a public health nurse was assigned to Poston, a modification of the usual public health nursing program has been arranged to meet the situation. Young evacuee women are serving as "public health visitors." The corps serves as a link between the doctors, the hospital, and the community. The qualifications for this service, as for the nurse's aides, are a high school education, good health—determined after a thorough physical examination—and a willingness to undertake the duties involved. Twenty were selected from a large group who applied, and a three weeks' intensive course inaugurated in January 1943. This consisted of lectures and the study of records, after which supervised visits to the homes were begun. Before and after each visit, the cases were discussed and suggestions offered as to the procedures to be followed. A special effort is made to sensitize the student to the vital importance

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of accuracy in observation and in reporting each situation. As the people live in close proximity to each other and value such privacy as they do have, great importance is attached to the confidential nature of the work.

This unique and vital activity was organized by Helen P. Olmstead, a public health nursing supervisor of the United States Indian Service, and has been carried on by Elma Rood, now in charge of public health nursing at Poston. Her wide experience and excellent judgment have safely steered the project. She has a thorough recognition of the dangers inherent in the utilization of untrained young women in public health promotion, and realizes that she is on untried ground.

In a recent summary Miss Rood states:

A very important step in instituting any community health program is to learn present conditions and problems. In a community in which no long-time health program has been in progress, basic fact-finding is essential along many different lines. Here, the public health visitors have been of great assistance. They have:

Compiled information on mortality in the entire camp, by individuals.

Prepared a file showing every baby born in Poston, with information as to its present condition.

Summarized information on every child up to nursery age, showing which children need additional supervision if they are to grow steadily and remain well.

Prepared summaries, by classes, for the use of the education department and for ready reference.

Assisted with the health examination of school children.

Aided children during the summer to weigh themselves. Children who have lost weight are placed under medical supervision.

Have ascertained, through survey of eye cases under treatment, as to whether there are further facts which should be reported to the oculist.

Trachoma cases are followed with special care.

Have searched for further evidence in tonsil cases, frequent colds, tonsillitis, loss of weight over a considerable period, and other pertinent facts—previous to decision as to whether a tonsilectomy should be performed.

Now, at the end of six months, we have quite

comprehensive summaries of important child health problems.

Special work in the control of communicable disease included investigation of crowded conditions in barracks in which polio cases occurred, at the request of the Hooper Foundation, whose interest had been secured through The National Foundation for Infantile Paralysis. Investigative visits in the homes in search for typhoid carriers.

Searched for and reported dangerous conditions favorable to fly and mosquito breeding.

Have inspected weekly, and rated according to a sanitary scale, toilet facilities in the various blocks as a means of preventing intestinal disorders.

Any new or unusual case, such as undulant fever, rocky mountain spotted fever, and a suspected case of malaria have been explained and discussed in group meetings in order that any assignment related to these may be carried out intelligently.

In addition to the follow-up of such cases as are reported by the physicians after home calls, or clinic visits, or those discharged from the hospital, the public health visitors have aided in a survey of tuberculosis, now under way in the Center, by securing family histories, and in interpreting the findings to the patients.

The list of the entire activities of this group of workers is too long to be reported more fully here, but it is safe to say that they have demonstrated the vast possibilities of health promotion through young women, whose only preparation has been a brief course in theory with continuous instruction in service under *highly skilled and close supervision*.

All concerned with the welfare of the evacuees at Poston are now fully engaged in health examinations of those who are leaving the camp for life on the outside or to enter one of the internment centers.

You may question whether the services outlined can be considered of a volunteer nature. As all evacuees are free to work or to remain idle, this is indeed volunteer service. It is true that they are paid a small amount when they do accept appointment, but as this never exceeds \$19 a month, regardless of the nature of the work, all service at the relocation centers is volunteer service.

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BECAUSE tuberculosis is much feared by those of Japanese ancestry and infected persons make every effort to conceal their true condition, a survey has been undertaken of the entire community. Dr. Kazumi Kasuga, a well-trained physician who has had much experience in this field, is in charge of the study. He has the assistance of an able man, Mr. Susuki, in the fluorographic and X-ray work. The procedure is as follows:

4 x 5 photo-fluorographic pictures are made of all men, women, and also children over six years of age. If there is any definite tuberculous process or any questionable pathology shown in the small films, a large 14 x 17 film is ordered, and the definite status of the disease is determined. Those found to be negative are informed at once through the public health nursing division. Those found positive are called into the clinic and given a physical examination, as well as a laboratory examination, and future treatment is outlined to them. If hospitalization is necessary, they are entered at once. Other conditions found are given such treatment as is indicated.

Children under six years are to be given tuberculin skin tests and the positive reactors X-rayed on a regular size film.

On August 19, 1943, Dr. Kasuga wrote: "We are intending to X-ray every one in Poston, approximately 15,000 to 16,000 people, but to date have completed the study of only 600 films. Considering the fact that our death rate for the year is approximately 81 plus, per 100,000, and knowing that most of the known active tuberculosis cases did not come to Poston at the time of evacuation, I believe the number of active cases here will be found to be higher than that of the population of the U. S."¹

In all phases of the study, the public health visitors have played a part, not merely notifying the patients of appointments and aiding in dressing and undressing, but interpreting to them the meaning of the various processes, as well as the doctor's findings.

Miss Rood stresses the great importance of the visitors' being used only

for activities which are meaningful and significant, not as messengers and errand girls. She says, "Their work is really contributing in important ways to improve the health of all the people and this fact should be kept before them continuously."

There is also at Poston another group of young and middle-aged women volunteers who serve as nutrition aides. Under supervision of a nutritionist, they arrange with the chefs in the various mess halls for special diets as ordered by the physicians. They also manage the infant feeding where food other than that served in the mess halls is required. The training of these aides is in-service, through lectures, demonstrations, and discussions of specific cases and their needs.

HEALTH education of all the people of Poston and of school children has been constant. Groups of mothers, men's organizations, church societies, and parent-teacher associations have welcomed advice and assistance in developing special school lunches and in the improvement of facilities to permit the functioning of a hygienic program. Lectures are well attended and speakers appreciated. Motion pictures have been used effectively, especially those of the National Tuberculosis Association and the Metropolitan Life Insurance Company. Public health programs in the states from which these people came, as well as their native intelligence, have so influenced them that it is less necessary than is usual to urge them to accept attention, looking forward toward the prevention of disease. For instance, when a notification was issued that 50 babies would be immunized on a given date, hundreds appeared.

All elementary school children have had a health examination with their clothes removed and in the presence of their parents and teachers. High school

¹Personal letter from Dr. Kazumi Kasuga to Sally Lucas Jean.

HEALTH PROMOTION

students were not accompanied, but after their examinations the teachers as well as parents and students were informed of the conditions requiring attention and defects were followed up.

A suitable course of study in health is in process of development in close contact with the Health Department, the health educator serving as the connecting link with the Department of Education. One unique feature was used in the high schools which gives promise of valuable results in promoting interest in public health. The students included mortality and morbidity rates in their study of the assets of the different states of the United States. This as part of their social studies was included in their consideration as to which states offer the greatest opportunity for prosperity. They readily accepted the idea that one aspect of prosperity was healthy people. One youth said, "Who would want to select a place to live where babies are not likely to live?" To carry out such a project it was, of course, necessary to develop a

careful outline for the use of the teacher and the student health committees who were interested to pursue the subject.

The new resources for health education discovered at Poston are only significant because these people are virtually prisoners and many of them have only lately learned the ways of life in a democracy. Skilled guidance has been provided, but the activities for the prevention of disease and cure have been conducted entirely by volunteers, with the result that the mortality and morbidity rate is lower at Poston than for the population of the United States as a whole.

It seems fair to assume that these 18,000 people—more than two thirds of whom are citizens of the United States—will be able to leave this Relocation Center with improved health and vitality, capable of taking their proper place as citizens in the fabric of American life.

Paper presented at Wartime Public Health Conference and 72nd Annual Meeting of the American Public Health Association, New York City, October 12, 1943.

NPS URGES TRANSFERRAL OF JVS RECORDS

NURSE PLACEMENT SERVICE announces that there is still opportunity for former Joint Vocational Service registrants to have their records now in storage transferred to NPS. This will be of interest to nurses who wish to have their professional histories brought up to date and made accessible to them for present and possible future use, and in doing so make use of information already recorded in the old files.

Nurse Placement Service has made the following classifications of the former JVS registrants:

Active Records: Nurses who were actively registered at Joint Vocational Service at the time NOPHN approved NPS as its vocational bureau. These nurses were all notified by JVS that their records had been transferred to the NPS office.

Inactive Records: Nurses whose records were

closed at JVS at the time of the closing of the Public Health Nursing Division of JVS and who through publicity given to the transfer to NPS approved by the NOPHN, asked either JVS or NOPHN to have their records transferred to the NPS office.

There are also still in storage the files of registrants who failed to indicate the disposal of their records. These, too, can be restored to active use.

Any former JVS registrant interested in learning the status of her professional record may communicate with Nurse Placement Service, 8 South Michigan Avenue, Chicago 3, Illinois, of which Anna L. Tittman is the executive director. Miss Tittman calls attention to the fact that there is a shortage of good candidates at the present time, so it would be worth while for nurses contemplating a change to place their credentials on *active* file now.

Charity Begins at Home

By BEATRICE GRAY COOK

WHOSE HOME? The quotation does not specify—evidently it is not important.

This is the creed of the public health nurse!

Now charity has many interpretations. In the Bible, the words "charity," "love" and "kindness" are used interchangeably; they are theoretically synonymous. Working this theory into daily practice are the countless public health nurses who are sticking with their jobs today. Often at great personal sacrifice, these once-retired women are willing to leave their own homes to bring comfort to others. They are rendering "distinguished action above and beyond the line of duty."

Many of these nurses on our staff of the Seattle Visiting Nurse Service are married. They are not working regular shifts for a pay check they don't need—they are putting in eight hard hours a day, and often more, because they are true to their profession, the alleviating of suffering and distress wherever it is.

In line with other priority language, we proudly call these "our repossessed nurses." Both in industry and hundreds of Seattle homes, if it were not for them, illness would be neglected with possible tragic consequences.

Wouldn't you like to meet several of them?

First may I introduce Mrs. Guthrie, a most delightful person. To the staff, she is "Carol" but to Seattle generally she is Mrs. Elton Guthrie. Her husband is professor of sociology at the University of Washington. From nine to three o'clock, every day except Saturday, Mrs. Guthrie

is a desperately needed visiting nurse and, during those same hours, Mr. Guthrie deals in social theory and political economy. But after three, he helps his wife at home with *applied* domestic economy! He teaches his students to adjust to local conditions—and then does it himself. Refreshing, isn't it, to know people who actually practice what they preach?

The Guthries arrive home at the same time, picking up Richard, six, and Susan, three, on the way. The little boy has his lunch at school and Susan is lucky enough to attend the super-excellent University Nursery School.

Now probably because Professor Guthrie juggles statistics and equations with assurance, he has stated this problem correctly, "If it takes one pair of hands eight hours to run a home, how many pairs will it take to do the same work in four hours?" You know the answer—and so does he. That's why he runs the vacuum cleaner while she irons, and, children in tow, does the Saturday marketing while his wife does the washing. Dinner is a joint proposition, so are the dishes, and they alternate telling their children bedtime stories. Pretty nice family life, isn't it?

"I wouldn't consider working," Mrs. Guthrie says, "if I had to neglect my family. But I'm home every minute they are. I'd rather not work—until I realize that over a hundred calls wouldn't be made every month unless I did. When I stop to think, I know it is my duty."

So—orchids to the lady who puts the welfare of others above her own wishes.

CHARITY BEGINS AT HOME

And a side order of the same to her husband who makes it possible!

* * * *

On our staff there is a most attractive young woman called "Anna." Her calling cards read, "Mrs. Ernest Bask." Her husband is an electrical engineer in the Seattle shipyards and they love their chintz-and-dotted-swiss kind of home. You know, the picture-book sort. Mrs. Bask gloried in its tiny perfection because she nursed 18 years before her marriage. Like all women, she thought "home puttering" was fun and a form of self-expression.

But, for quite a time now, this cunning little house has had to put up with just a lick and a promise of future affection. For Anna Bask is on the job again. She is needed. After all, isn't neatness and the shining cleanliness we all like—a luxury? It is. And these are no days for personal luxury. That is why Mrs. Bask covers her section of Seattle for the Visiting Nurse Service.

* * * *

We thank the Red Cross for Mrs. Paul Herb. She is our prize nurse's aide. Others may come and go, but she goes on forever—we hope! Her unpaid and entirely voluntary work with our chronically ill patients releases graduate nurses for cases needing more skill. She is on duty every morning while her two children are in school. "Busy as I am, I'm more contented working," she says. "I have a sense of guilt when I'm not doing my utmost to help. Some people think me silly to work without pay—but somebody has to do it and if this frightful war

doesn't do anything else, it will teach us that material things are not very important."

Mrs. Herb enjoys visiting nurse work more than hospital duty. "When I go into a home that's all confusion and I leave it orderly and the patient comfortable, that is real satisfaction."

* * * *

Confirmed realist that I am, I'll admit I had a lump in my throat after talking with Mrs. William T. Spellman. I was inquiring about her husband, an ensign in the Navy. "I'm so happy," she said. "I saw him yesterday for 20 minutes before he sailed for the South Seas."

Twenty minutes.

And she might have been with him at training centers for the past three months, if she had thrown up her job! But Mrs. Spellman knows that in Seattle the public health problem narrows down to this: when a nurse leaves, patients suffer. The shortage is that acute. "It seemed wiser," she said, "for two of us to be lonely and disappointed rather than have hundreds neglected."

At this point, don't you wish there might be service stripes and campaign ribbons for navy wives, too?

These are heartbreaking days of headlines, battle lines and home front responsibilities. Duty wears many different uniforms. Olive drab on land, and on sea, navy blue with a sailor collar. But there is also navy blue with a starched white collar worn on the home front. For the public health nurse who guards the health of the production line is backing up the man who fires the gun.

GIVE TO THE RED CROSS

ALL ACTIVITIES of the American Red Cross are financed by voluntary gifts and contributions. During March, designated by President Roosevelt as Red Cross Month, the American Red Cross must raise its 1944 War Fund of unprecedented size to meet unprecedented needs. Your contribution will assure maintenance of all Red Cross services and thus indirectly help save many a life. Let's give!

Social and Health Aspects of Nursing

II. Underlying Philosophy and Revised Recommendations

By MARY J. DUNN, R.N.

TODAY'S demand upon the nursing profession has many implications for nursing education. It calls for changes in the familiar curriculum pattern—changes as to method of teaching, as well as revision of content. Likewise, there is indicated need for re-emphasis or new emphasis on the inclusion of the social and health aspects of nursing as one of the most effective means of improving the quality of nursing.

It has been stated aptly that, "A weakness heretofore recognized, but today accentuated by the need for a healthful nation is the problem of bringing into the curriculum public health, or the social and health content of nursing. This content is included in the *Curriculum Guide* but, instead of being isolated into a single course, it is integrated through all courses, the assumption being that the social and health factors in nursing pervade the entire curriculum and cannot be confined to any one course; that health teaching cannot be restricted to any one special branch of nursing but is the obligation of those who care for anyone sick or well."*

It is obvious that integration of this type involves much more than mere knowledge of subject matter, but rather an attitude, an understanding, and a mastery of skill in caring for the whole

patient, through study of the *whole* patient in his various environmental situations, including the hospital and the home. Avenues or opportunities leading toward this accomplishment are to be found in the study of the social sciences, the medical sciences, nursing and allied arts; in clinical instruction at the bedside of the patient; in the out-patient department, in the social service department, and in public health agencies. Such a program presupposes: (1) knowledge and utilization of all appropriate community facilities (2) a faculty well-prepared to recognize and capitalize on learning situations for the students (3) students with ability to learn. Integration is a reality only when every opportunity is seized by every instructor to emphasize the preventive, health and social aspects from the time the student enters the school of nursing until the completion of her nursing program.

As there may not be any one *best* way of accelerating the basic curriculum so there is not, in so far as known at present, any one best pattern of coordinating the social and health aspects of nursing in the basic program. Continued experimentation is not only desirable but is to be encouraged. However, as all accelerated basic curricula have a common goal, namely the effective preparation of greater numbers of nurses in as brief a time as possible, so have we a common goal in integration—the preparation of a nurse who will always have an under-

*"Social and Health Aspects of Nursing—Suggestions for their integration in the basic course."
—*The American Journal of Nursing*, March 1943, p. 288.

SOCIAL AND HEALTH ASPECTS

standing of and ability to care for the whole patient; who will view the patient as an individual, as a distinctive person; who will see this person as a member of a family and of the community from which he has come and to which he will return; and who will have an awareness of the hospital as an integral part of the community. To aid in the attainment of this goal certain guiding principles and methods may be suggested but it is the responsibility of the individual school of nursing to evolve its own plan. It must be recognized by the school in planning for integration that this type of curriculum be offered to all students rather than to a selected few. Furthermore, it devolves upon the school of nursing to examine its resources and to incorporate in the nursing care of patients on every service and in every department of the hospital, including particularly, the outpatient department, the factors in home and community which have to do with the prevention of illness and the maintenance of health; and to develop such interlocking relationships with social and health agencies of the community as would furnish a more satisfactory and continuous care of patients.

Assistance may be secured from public health nursing agencies whereby the students may have opportunity to observe, assist or give nursing care in homes and community on a case, daily, weekly, or longer basis. As a further means of rounding out the student's background, a longer term affiliation for experience may be arranged with a public health nursing agency. This affiliation should implement the integrated program. In no instance should such experience be considered a substitute for, but rather another method or step in the continuing and progressive process of the integration of the social and health aspects of nursing. Such an affiliation constitutes but a segment of the total curriculum.

REVISED RECOMMENDATIONS FOR STUDENT AFFILIATION

It has seemed advisable to the Joint Committee on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum to revise the recommendations originally formulated by the Education Committee of the NOPHN and published in the *American Journal of Nursing* and PUBLIC HEALTH NURSING, January 1938. This revision is undertaken for the following reasons:

1. Progress has been made in effecting the application of principles outlined in the Curriculum Guide for Schools of Nursing.
2. There are not enough facilities, even with the utilization of official as well as private public health nursing services, to meet the ever increasing demand for field observation or experience for all students.
3. These standards might serve as a guide for all types of planned observation, although intended primarily for the longer term affiliation for experience of six to eight weeks, and preferably not less than two months.
4. These recommendations might be useful also to schools and agencies planning for the supervised practice period for senior cadets.

I OBJECTIVES OF STUDENT AFFILIATION*

1. To secure experience in applying to the home environment and family situation the nursing knowledge and skills previously acquired, including teaching skills.
2. To become acquainted with conditions and methods of treatment which are found more frequently in the home than in the hospital, such as work with expectant mothers, well children, and convalescent and chronic patients.

*A Curriculum Guide for Schools of Nursing. National League of Nursing Education, New York, second revision 1937, p. 512.

3. To learn how to approach the family, how to adjust to the situations found in the home, and how to guide the family in their efforts to facilitate recovery and maintain health.

4. To gain a wider knowledge of the health and social factors in family and community life as they relate to the maintenance of health and to the causes and treatment of disease.

5. To secure practice in the use of community health and social resources and an appreciation of the interdependence of these agencies.

6. To have the opportunity for observing and understanding individuals of different age groups in their family relationships as a basis for a wider appreciation of human problems.

II. PREREQUISITES FOR AFFILIATION

The school of nursing: what the agency should expect.

1. Incorporation of the social and health aspects of nursing throughout the entire basic curriculum as outlined in the Curriculum Guide for Schools of Nursing.
2. Completion of at least the major portion of theory and clinical practice in the four basic services: medicine, surgery, pediatrics, and obstetrics.

The public health nursing agency: what the school should expect.

1. The field agency selected should be well established, should offer a well-rounded program based on fairly typical community needs and resources. Its organization and administration should be in accord with the generally accepted principles of public health nursing and with standards of practice as outlined by the NOPHN.
2. The agency should be interested in and ready to accept an educational responsibility for the student. There should be a qualified teaching supervisor or educational director in the agency who is responsible for the student program.
3. The agency should have a sufficiently stable staff to maintain a safe and continuous service to patients and families, while also providing an educational experience to students.
4. There should be an adequate number of

public health nursing supervisors. This number may vary with relation to the qualifications of personnel and the type of program offered.

5. Careful consideration should be given to the ratio of students to staff. The suggested ratio is one student to three staff nurses but this varies according to the type of agency, the qualifications of personnel and the service rendered.

Type of Agency: To date the facilities of visiting nurse associations have been used largely for student affiliations. It is believed that the transition from hospital to home is made more easily by the student through a bedside service of an agency offering a generalized family health service. However, with the increased emphasis on integration, and the consequent need for tapping all available facilities, it is suggested that increasing use also be made of the offerings of official health agencies which can meet the necessary standards.

III. ARRANGEMENTS FOR AFFILIATION

A written agreement should be made between the school of nursing and the public health nursing agency with consideration to the following points:

- A. The length of the experience should be for a period of six to eight weeks, and preferably two months.
- B. A statement of the student's general background, including her health record, ability, and special needs and interests, should be furnished the agency by the school.
- C. Such reports of the student's field work as may be requested for the completion of the student's record, and as an aid in evaluating her performance, should be supplied the school by the agency.
- D. Arrangements should be made whereby the student is relieved of all practice in the home hospital as well as of classes in the school of nursing during the period of affiliation.
- E. The plan should provide for frequent conferences between representatives of the school of nursing and of the field agency as a means of bringing about a better correlation of the program of instruction.
- F. The school of nursing should be responsible for the maintenance of the student

and there should be a definite understanding as to the health program as well as of the provision for care in illness during the affiliation.

- G. The agency should be responsible only for transportation on duty and for furnishing necessary nursing equipment. The affiliating student should wear the uniform of the agency, or one acceptable to it.
- H. There should be a financial arrangement that is mutually acceptable to the school of nursing and the field agency. The school should be responsible for meeting additional costs necessitated by the student program.

IV. PLAN FOR STUDENT'S FIELD EXPERIENCE

- A. There should be a carefully planned introductory period which should provide opportunity for orientation to the program, policies, and services of the agency through:
 - Observation of visit with the staff nurse.
 - Demonstrations in the office or home.
- B. Following the orientation period the student should continue to observe but may begin to assist and to work with the staff nurse in the performance of certain duties.
- C. After the student has acquired a certain amount of skill, she may be given the opportunity of assuming responsibility for a limited number of carefully selected families, which she serves throughout the remainder of her affiliation experience.
- D. Frequent individual and group conferences should be arranged for the student with the educational director, supervisors, and others assisting with the student program.
- E. It is desirable that the student make at least one family study during the affiliation.
- F. There should be continuous supervision of the student, including field visits and individual conferences as a part of the program for developing the student's capabilities and evaluating and promoting her progress.

SUPERVISED PRACTICE FOR THE SENIOR CADET

While the foregoing recommendations should be thought of primarily in light of the regular basic curriculum, they may prove useful in planning for the accelerated curriculum and its provision for the supervised practice period for the senior cadet nurse.

The *senior cadet nurse* is that member of the U. S. Cadet Nurse Corps who has completed the required program of combined theory and practice, varying from 24 to 30 months in length, but who in order to satisfy existing requirements of most state boards of nurse examiners for graduation and registration, must have an additional 6 to 12 months' experience under supervision in an institution or agency, satisfactory to the home school of nursing and to the state board of nurse examiners.

This experience, known as the senior cadet supervised practice period, may be pursued in the home hospital, in governmental or other civilian hospitals, or other community agencies. Assignments of senior cadet nurses to these various services or agencies will be made for a period varying from three to six months with a given agency, *provided* the experience has educational value, and the receiving agency agrees to pay maintenance and a stipend of not less than \$30 a month for these senior cadets. Thus, under the provisions of the Bolton Act (Public Law 74) it is highly probable that a proportionate number of senior cadet nurses will be assigned to public health agencies. The educational implications as to length of the assignment, content, will be determined by the home school and the appropriate accrediting agencies, working closely with the service agencies involved.

The criteria to be considered in the selection of public health agencies for the senior cadet will be comparable, for the most part, to those already recommended in the selection of public health agencies to be utilized for furthering the integration of the social and health aspects of nursing in the basic curriculum through a student affiliation.

The points of difference are considered to be as follows:

1. *Prerequisites.* In accordance with the recommendation of the Education

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Committee of the NOPHN only those senior cadets should be assigned to public health agencies who have completed the required 24 to 30 months of combined theory and practice in a school of nursing connected with a general hospital having a daily average of 100 or more patients.

2. *Purpose of the Experience.* Emphasis is now placed on the *service* the senior cadet may render to the receiving agency. During an affiliation emphasis is placed on the educational opportunities the student is to derive. This objective is not to be overlooked with reference to the senior cadet, but it no longer holds first place.

3. *Length of the Experience.* This experience may vary from three to six months in length. However, it is recommended that the shorter experience be arranged primarily for senior cadets from those schools of nursing which completely integrate the social and health aspects of nursing throughout the entire basic program.

4. *Financial Arrangement.* Contrary to the arrangement during the affiliation

period, it is now the responsibility of the *receiving* agency rather than the home school to provide the maintenance cost and the stipend of not less than \$30 a month for the senior cadet nurse.

Community agencies desiring to have senior cadet nurses assigned to them should make this fact known to a school or schools of their choice, and also to the state boards of nurse examiners. State boards, in turn, are requested to prepare lists of approved community agencies wishing to have senior cadets assigned to them.

Senior cadet experience in public health nursing should serve as a means of securing desirable candidates for public health nursing. It should also serve to enrich appreciably the background of all nurses, and especially those who may wish to prepare themselves for teaching, supervision, and administration in schools of nursing and nursing services.

The first of this series on Social and Health Aspects of Nursing, "Affiliation and Integration Defined," by Harriet Frost, R.N., appeared in February PUBLIC HEALTH NURSING.

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Senior Cadets for Public Health Nursing

By ELISABETH C. PHILLIPS, R.N.

WHILE the senior cadet period is not an affiliation, it does, as Lucile Petry points out, "afford an opportunity to try out a field of nursing in which she may later elect to serve."* There are many of these fields and public health nursing is one of them.

Benefits from the senior cadet period spent with community health agencies are threefold:

First, it provides for the cadet nurse, while working under supervision, opportunities

a. To extend, through a carefully selected case load, her professional knowledge and skills in meeting individual and family health problems involving the various age, economic, social and intellectual levels.

b. To extend her understanding of the many contributing factors affecting health. In giving skillful nursing care in time of illness, the nurse has a unique opportunity to gain the confidence and respect of families and subsequently to learn a great deal about home, neighborhood and work life.

c. To develop skill in teaching individuals and families. For the nurse who has had little or no experience in teaching, the bedside nursing program offers an opportunity to begin to teach in situations familiar to her and at a time when the interest of families in matters pertaining to health is high. Observation and participation in group teaching activi-

ties followed by discussion and assistance in planning for a class can often be arranged when the student's development warrants it.

d. To broaden and deepen her understanding of the functions of the public health nurse in relation to those of other agencies and to develop skill in working with other agencies.

e. To understand how community health organizations are supported and administered and to appreciate the dependence for that support upon the understanding and assistance of the citizens of the community.

f. To develop skill in summarizing, by use of the written word, her observations and services so that they will be helpful to the person served, the nurse herself, her coworkers, the organization and the community.

g. To recognize those activities which do not require professional skill and to learn to use the assistance of paid and volunteer non-professional workers.

Second, it gives to the organizations employing the cadet nurse additional professional help. While efforts have been made to retain prepared public health nurses on the home front, most agencies are now faced with serious shortages. Attempts to fill these vacancies have been made through the employment of many inactive nurses on full- or part-time schedules, through the use of practical nurses, and the use of graduates from Red Cross home nursing courses, and other volunteers. But, at the beginning of a new year with its increasing demands

*Petry, Lucile. "Planning the Senior Cadet Period." *The American Journal of Nursing*, January 1944, p. 57.

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in most sections of the country for more home care, a large percentage of organizations are facing an acute need for additional professional staff. Cadet nurses, having completed all of their essential experiences, are ready during this extended practice period to assume, under supervision, the responsibilities of graduates. They will be of inestimable value to public health nursing organizations.

It is true that senior cadet nurses are not public health nurses and that they will have to be introduced to the field. This, too, would be true of newly graduated nurses from the classical three-year course. It is equally true that during the past 8 or 10 years many of us in the public health field have thought it wise for all nurses to have some advanced theoretical preparation for this type of work. This preparation takes place in universities and includes varying amounts of field practice arranged by the universities in connection with community agencies. The field agency has to meet high standards of supervision and instruction if the course is to have the approval of the NOPHN. But we have never been sure (indeed, there have been some who have never agreed) that this is the best or only way to develop good public health nurses. Undoubtedly it does safeguard much that is valuable and probably is the most economical method from the community's viewpoint in normal times. On the other hand, it has frequently been difficult for the individual nurse to finance, even with scholarship help, further courses so soon after completing her three years in a school of nursing. But, whatever may be the pros and cons of this method, the needs of today must be faced. Cadet nurses can be prepared on the job to give good care to most, if not all, of our patients and at not too high a cost to the agency.

The third beneficiary from such a plan is the whole nursing profession. Perhaps

this statement sounds boastful and arrogant, but if *enough* of the *right kind* of cadets have experience in the *right kind* of public health nursing agency we believe that it is true. To qualify as the "right kind of cadets" they must be mature and self-directing, and they must come from schools of nursing giving good basic scientific and clinical experiences. We believe, too, that the right kind of cadet will be drawn in about equal numbers from those expecting to continue in the public health nursing field and those who expect to return to the schools of nursing to teach and supervise there.

For many years we have given much thought to integrating aspects of community health into our basic curricula. A major difficulty has been that the head nurses, supervisors, and other faculty members of schools have had so very little actual experience in the public health field. Even though there is one well-prepared member of the faculty to help in this tremendous task of integration, her efforts are limited by the hours in the day and by the lack of ability of other faculty who are in close and daily contact with both students and patients to carry on their share. Many schemes for solving this difficulty have been discussed and used. None have been, effective on the scale we need. Miss Petry tells us that it has been estimated that 20 percent of the students who will become senior cadets by July 1, 1944 can be assigned to federal nursing services.* We know that just before the war 10 percent of all graduate nurses were engaged in public health activities. Surely it is not too much to hope that at least 20 percent of the senior cadets (10 percent who stay in public health and 10 percent who may return to teach in schools of nursing) will have the opportunity to spend their senior cadet periods in community health agencies.

**Ibid.*, p. 58.

SENIOR CADETS

Assurance that the "right kind of public health nursing agencies" will be used must be given if this plan is to render all the benefits of which it is capable. One suggestion has been made that only services which have a daily patient average of 100 or more be used. Since the average visiting nurse makes in the neighborhood of 2,000 visits per year this would mean that agencies to which senior cadets would be assigned would necessarily have staffs of 18-20 or more. It would seem that good experience might be had in smaller agencies, providing sufficient supervision is available. Perhaps a safer criterion would be that only agencies maintaining the ratio of supervisors to staff approved by the NOPHN and having a minimum of two supervisors (or a director and a supervisor) be used. Undoubtedly, those agencies which in the past have cooperated with universities in order to give field experience will find that they can easily provide the necessary conferences and supervision, but the choice should not be limited to these alone.

There are several factors of an administrative nature which the public health nursing agency must consider before it enters into this plan:

1. *Admission to the field.* If a planned introductory program is to be carried out it will be necessary for the cadets to come to the field in a group. If they are drawn from several schools a specific date will probably be difficult to arrange. Perhaps they can report any time within a specified week and individual field observations can be arranged so that the planned group conferences will not need to be begun until the following week after the entire group has arrived.

2. *Reassignment to other fields.* There is need for an agreement between school and agency through which a senior cadet, who fails to apply skill and knowledge satisfactorily to the public health field,

may be reassigned to another type of work. The agency will assume the responsibility for discovering such nurses as early as possible. Because the decision to make such a change must be done after a very short time, it is well to point out to the nurse that her failure to demonstrate her adaptability to public health nursing at this time need not necessarily mean that she will not be able to do so after further hospital experience.

3. *Salary.* The Bolton Act requires that senior cadet nurses be paid at least \$30 per month, plus full maintenance. In a public health nursing agency this maintenance will most likely be provided by a cash payment. The amount will vary geographically and as the cost of living changes. (In New York City we have estimated this carefully and found it to be approximately \$75 at the present time.) This, plus \$30, brings the salary paid to the cadet nurse very close to the beginning salary of a regularly employed nurse.

4. *Length of Experience.* Because the salary of the senior cadet is so close to that of the regular beginning salary of nurses expecting to remain with the agency at least two or three years, it is readily seen that it will be financially unsound for the cadet to remain with the public health nursing agency less than the full six months.

5. *Compensation, Health and Accident Insurance.* These are matters which must be clearly defined for this group.

6. *Counselling regarding housing, recreation, and care during illness* must be available since these students have become accustomed to depending upon their schools of nursing for all of these.

7. *The amount and nature of instruction* deserves careful thought. While this experience is not an affiliation but an assignment for service, it is still necessary to introduce the nurse to the field. Both group and individual conferences must be

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planned. The subjects covered and the number of hours needed will depend upon the complexity and nature of the services of the organization, the number of public health aspects which have been integrated into the basic courses and upon the objectives which we hope to meet.

No one, at this stage of the program, knows how it can be best planned to give

the richest returns to the individual nurses, agencies and nursing profession. Doubtless, there are many ways that should be tried out and a pooling of our findings at a later date will prove helpful, not only in planning for other senior cadet nurses, but in the bigger plan of introducing the next generation of public health nurses to the field.

Philadelphia Visiting Nurse Society Program for Senior Cadets

By RUTH W. HUBBARD, R.N.

I. Details of Arrangement.

A. *Qualifications.* Senior cadets (eligible for university admission) will be accepted from local and out of town schools of nursing for a *six months' period three times a year*. Applications for each group will close one month before the admission date, and places will be awarded to the best qualified candidates, 50 percent of all openings being available first to applicants from local schools. Preference will be given to applicants from schools offering an integrated curricula and to students planning to engage in public health nursing upon graduation.

Applications for individual students may be made by the school in their behalf. Openings will be offered on the basis of each student's qualifications rather than through an arrangement with the parent school for a definite number of places.

B. If the requests justify the arrangement, it is planned to offer the experience to three groups of students yearly. The opening dates are May 1 and September 1, 1944, and January 1, 1945. Not more than ten nurses can be accepted in each group.

C. In accordance with the provisions of the Cadet Nurse Corps, the Society is prepared to offer a monthly stipend of \$30 to each student (\$180 for six months). It is prepared further to provide a monthly allotment of \$75 to cover shelter, food, and laundry (\$450 for six months). It is anticipated that three plans may be available for living: (1) the student may live at the Visiting Nurse Society where a limited number of rooms are available (two or three), and in this instance the cash shelter allowance would be deducted from the living allotment (2) the student may live with her family or relatives (3) the student may remain at her school of nursing.

D. The Society will require that each accepted student present a report of a satisfactory and complete physical examination within two weeks of admission date to the Visiting Nurse Society. This examination should include evidence of satisfactory protection against the following diseases: typhoid fever, smallpox, diphtheria.

The Society urges further that any student not able to be hospitalized at her own school in the event of illness carry

VNS SENIOR CADET PROGRAM

group hospital insurance during the period of experience. The Society suggests this protection since it cannot be responsible for the nursing care or expenses of ill students.

E. *Uniforms.* During the experience the student will be expected to wear her cadet coat and hat, and a standard navy blue uniform. She will provide her own uniform equipment, but the bag and field equipment, as well as the cost of duty transportation, will be borne by the VNS.

F. The Society reserves the right to request the withdrawal of any student who fails to display reasonable promise in this field, or who is for any reason unable to maintain the agency standards of service.

II. Program to Be Offered.

A. The Society is engaged in a generalized family health and bedside nursing program which correlates closely with existing community health services. The senior cadet (or senior student) will receive experience under careful supervision in all phases of the agency program. The following outline suggests briefly the development by which she will participate in this program. The educational aspects of the entire experience will be under the direction of the Educational Department of the Society, but it is understood that the student desires a service experience or internship. Therefore, she will carry her share of the work of the agency under the direction of her supervisor and in that part of the agency where her services are needed. She will, in effect, be a junior (or temporary) staff nurse and as such be available for work where needed.

B. The schedule outlined below follows that developed during the first six months for new staff nurses who have had no previous experience in public health nursing.

1. First 2 months—introduction to VNS service.

2. Remaining 4 months—continued orientation with increasing participation and assumption of responsibility.

a. Field work.

- (1) Assignment to district.
- (2) Variation in case load to include all types of work carried by the Society.
- (3) Supervised development of case load calling for cooperative association with other health and welfare agencies in behalf of patients.

b. Planned education continued through:

- (1) Two hours weekly—case conference and class.
- (2) Observation of programs in cooperating agencies:
 - Child Hygiene — Department of Health.
 - Venereal Disease — Department of Health.
 - District Health Center—Department of Health.
 - Tuberculosis—Henry Phipps Institute.
 - Industrial Nursing — VNS service in small plants.

C. The student, if interested, may take one subject in the graduate program in public health nursing offered at the University of Pennsylvania. The courses are offered in the late afternoon and are taken on the nurse's own time. The expense involved will be borne by the student. It is anticipated that this unit of experience will be recognized by universities offering graduate programs of study as satisfactory for part of the field requirement on an exemption rather than a credit basis. The University semesters open March 1, July 1, and November 1. The Cadet experience with the VNS is planned to open January 1, May 1, and September 1, so that students will have completed the eight-week period of intro-

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duction before undertaking university work.

III. The Society hopes that a portion of the students participating in this experience will be interested and able to continue in public health nursing. Therefore, it is prepared to accept a number

of such students on its staff at the completion of their internship at once, and to make proper financial recognition of their six months' experience. Staff appointments are made for at least a year, and are subject to definite qualifications and policies.

CLASS SCHEDULE—NOVEMBER 1943

<i>First Week</i>				
Tuesday	November 2	Class	8:15- 9:30	Details of Service
Thursday	November 4	Class	8:15- 9:30	New Patients
		Demonstration	9:40-10:40	Bag and General Care
<i>Second Week</i>				
Tuesday	November 9	Class	8:15- 9:30	Maternal Health
Thursday	November 11	Class	8:15- 9:30	Introduction to Public Health
		Demonstration	9:40-11:10	Postpartum Care
<i>Third Week</i>				
Tuesday	November 16	Class	8:15- 9:30	Introduction to Public Health
Thursday	November 18	Class	8:15- 9:30	Nutrition
		Demonstration	9:40-10:40	Antepartum Care
<i>Fourth Week</i>				
Tuesday	November 23	Class	8:15- 9:30	Communicable Disease
		Demonstration	9:40-11:00	Communicable Disease
<i>Fifth Week</i>				
Tuesday	November 30	Class	8:15- 9:30	Family Health Supervision
Thursday	December 2	Class	8:15- 9:30	History of Visiting Nurse Society
<i>Sixth Week</i>				
Tuesday	December 7	Class	8:15- 9:30	Gonorrhea and Syphilis
Thursday	December 9	Class	8:15- 9:30	Case Conference
<i>Seventh Week</i>				
Tuesday	December 14	Class	8:15- 9:30	Community Service
Thursday	December 16	Class	8:15- 9:30	Case Conference

1944 FOOD FIGHTS FOR FREEDOM CAMPAIGN

THE WAR Food Administration, Office of Price Administration, Office of War Information, and Office of Civilian Defense will combine efforts in 1944 in one food information program for the general public. The over-all plans for national radio and advertising call for devoting the first three months to a follow up of the Home Front Pledge emphasizing the use of ration tokens and the use of community price lists. The following six months will be devoted to food production and use, including promotion of such individual and community activities as victory gardens, crop corps, production goals,

nutrition and food conservation, and home food preservation.

Community ceiling-price charts will be available about March 15 in large quantities and will be posted locally in libraries, schools, clinics, settlement houses, YWCA's, union halls, and many other places where people go for information. The OPA asks that public health nursing agencies obtain for use with the families in their care copies of the price control poster, the ceiling-price chart, and the instruction sheet on how to use ceiling prices. Either the regional or district OPA office will supply these.

A Suggestion for Good School Health Programs

By JOHN OPPIE McCALL, D.D.S.

THE OBJECT of education is the total development of the child. In this his health is just as important as his grasp of arithmetic, geography, or history, and must receive equal attention from the school organization.

Health care of the school child requires health education and health testing and in addition emergency care. Since all of these activities will be carried on in the school, the board of education must see to it that they are carried on in a proper manner—must, in a word, have over-all charge of administration. Since this is a branch of public health service, the planning and execution of the health services mentioned must be developed in coordination with and have the approval of the local public health authority and reflect the best judgment of the medical, dental and nursing professions. To achieve this coordination of professional authority, a school health advisory committee may be organized by the school administrator.

Health services in the school must meet three criteria: soundness, economy, and availability when needed. Utilization of the classroom teacher as an integral member of the health team is needed to satisfy these criteria.

This implies that the teacher both in her professional training course and in subsequent in-service training, shall be indoctrinated with the concept of the importance of child health, placing it on an equal footing with classroom studies.

At a time when the present primary and secondary school programs are under fire and are considered to be in need of modification, the introduction of this broader concept of education is timely.

It is the classroom teacher who sees the child every day and throughout the school day. She is the first to see signs of incipient ill health such as rashes or undue listlessness, to detect evidence of faulty vision or hearing, or other defects. She may properly apply certain screening tests so as to conserve the time of nurses and physicians. This means that she should be trained in the science and art of health care procedures to an extent that may be agreed on by joint action of medical and educational authorities.

Screening tests which the teacher can make with a modest amount of training include visual testing, audiometer testing, and dental inspection. To do these things properly requires that she should be given, during her course, a certain amount of fundamental biologic instruction such as is used as an introduction to the nursing course. The subjects should include, for example, anatomy and physiology, both general and of the eyes, ears and teeth; chemistry of the body tissues and foods; nutrition; bacteriology; and hygiene.

Health education enters into the picture as well. Health education is a sterile thing unless applied in practical everyday life. The school has an opportunity and an obligation to vitalize it. Daily health inspection by the teacher, implementing

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the course of instruction in this subject and supplemented by special testing at appropriate intervals, provides the basis for such vitalization.

With the type of training indicated here the teacher will watch the health of her pupils, will know when to refer them to the school nurse for further evaluation. The nurse in her turn will decide when the child needs medical attention. Neither the nurse nor the physician need have their time taken up unnecessarily. The teacher will keep and file with her other records the primary health record of the child, making notations when reference

has been made to the nurse or physician.

The need for universal medical examination will vary, being influenced by general health levels in the community, occurrence of epidemics, and other factors, as well as availability of personnel. The time and energy of the physician and the nurse should therefore be allocated on the basis of need rather than according to an invariable stereotyped pattern including annual medical examination. However, annual dental examination by dentist or dental hygienist is needed because of the considerable annual increment of dental caries.

REPORT OF ELIGIBILITY COMMITTEE

ABOUT 100 responses were received from the 200 questionnaires sent to representative NOPHN members in all parts of the country by the Eligibility Committee. The purpose was to find out general opinion concerning membership requirements and kinds of members. The results were:

1. Shall present membership requirements be maintained?

Yes 36 No 25

2. Is state registration sufficient for NOPHN membership?

Yes 30 No 32

3. Shall membership be known as:

General 18

General and Professional 65

The comments demonstrated a confusion in members' minds between eligibility requirements for membership and recommended qualifications for public health nursing personnel.

The present membership requirements are:

Graduation from an accredited school for nurses connected with a general hospital having a daily average of 50 patients or more. Cur-

riculum should include practical experience in caring for men, women and children, together with theoretical and practical instruction in medical, surgical, obstetrical and pediatric nursing.

Compliance with the state law for registration of nurses.

In actual practice the only membership applications reviewed by the Committee are those from nurses not meeting the 50 daily average standards. This number is decreasing each year. But the Committee does recognize that wartime necessities have lowered civil service requirements and it sees the possibility that following the war there may be an influx of nurses wishing to use NOPHN membership as a recommendation for placement.

In the past, professional requirements have influenced the development of a better rounded basic curriculum, as schools of nursing wished to have their graduates eligible for membership. Professional requirements for membership in the NOPHN were also an important factor in raising the qualifications of individual nurses. In fact, we know of many

(Continued on page A21)

Using Emergency Personnel

By ALBERTA B. WILSON, R.N.

THE PRIVATE agencies have long been convinced of the value and advantages of using lay auxiliary workers, but most of us in official agencies have probably felt our machinery too cumbersome, too unwieldy to start such a program. In order to find out just how state divisions of public health nursing are using non-public health nurses and non-professional workers in the present personnel emergency, an informal inquiry was addressed to the state directors of public health nursing and to a number of private groups. Replies were received from 39 states and the District of Columbia and from four private agencies.

From the letters, I judge that some of this material will not be new but it may be helpful to others of us, who, for one reason or another, have not been able to develop our program for auxiliary workers rapidly.

Our interest is chiefly in official agencies and what we are doing about stopping the gaps in our nursing services. The letters show that when we have become convinced of the need, we *can* move, cumbersome machinery notwithstanding. Since the war, nearly every state has developed a plan to use volunteer help and those states already using volunteers have found numerous new places for them. Only two or three states report they are not using auxiliary help, and a couple of others say their program is just getting under way.

It is easy for us, administratively, to say we will use volunteers. We can

analyze jobs to determine where and how auxiliary workers can best fit in. We can set up training programs for volunteers. We can even get militaristic like General Patton, who likes his orders carried out. One day after giving an order, an officer was explaining and explaining. Said General Patton, "I can think of five additional excuses myself. To hell with excuses, I want it done."

But we all know, no matter how much we want to use volunteers, until that feeling of interest in the auxiliary worker is felt by every member of the staff, volunteers will not be sought after, trained, used, supervised and kept interested in the job.

About two years ago, I had an experience which proved to be a valuable lesson. In a nearby county, I was working tooth and nail with a staff nurse, determined to get a volunteer group organized. The group was a home demonstration club. We met with them, made plans, trained them, and finally on the appointed day, two very interested women appeared at a well-child conference spic and span in white smocks, one to pull records and act as hostess, the second to do weighing and measuring. The nurse in the conference felt lost and she bore these intruders into her private domain grimly. I stepped out of the picture pleased as punch that at last we had launched auxiliary workers in this county, sure that the nurse would value their help once she saw what they could do. In two or three months, I was dismayed to find the whole plan had folded up. The

nurse said the patients didn't like outsiders, attendance was dropping, the volunteers were not dependable, they wouldn't assume responsibility, or they took too much responsibility in answering mothers' questions. This staff nurse simply wasn't ready to use volunteers. After a few months, however, she did work up her own program and she secured splendid women who have been very faithful. As administrators and supervisors, it is our responsibility to help change attitudes, help our staff accept new ideas, although too much force does not bring success.

Sometimes we ourselves are guilty of other omissions. If an administrator has not had the experience of working with volunteers, it is difficult to know how to go about it. But we do have a definite responsibility to acquaint ourselves through study or observing in another organization, rather than turn thumbs down and react negatively to a program proven advantageous through years of use by agencies all over the country. Today, with the nursing needs of the armed forces unmet, it is of utmost importance that we be sure our public health nurses are engaged in public health nursing; that nurses are not doing non-nursing jobs; that nurses are not doing jobs which can be done by nurse's aides; that nurse's aides are not doing those tasks which can be carried out by untrained volunteers.

EVERYONE is agreed that one essential to the success of an auxiliary worker program is that the workers be carefully prepared for the jobs they are to do. A second factor is continuous supervision, but we, particularly our staff nurses, sometimes forget this need. We all hear nurses say that volunteers are not dependable, that they lack a sense of responsibility, that they lack an understanding of the confidential nature of their jobs,

and that a "little knowledge is a dangerous thing" for they tend to give out health information. I think we expect too much perfection. Are we at fault in not picking up these omissions on the part of the volunteer, and talking them over with her as we do in our supervision of the staff worker? Is it not necessary sometimes to say to the volunteer as we do to the staff nurse, "This can't go on," or perhaps, "You aren't suited to this particular type of work." We secure a nurse with three years of training, preferably with one year's preparation in public health nursing (if we can get her), then give her supervision and staff education. We expect growth and development of this worker. Yet we expect an auxiliary worker with only a few hours training at the most to have all the attitudes it has taken years to create in a nurse. It seems to me we are at fault for the failure of the auxiliary worker, either in not pointing out her mistakes and helping her correct them or, if this is not successful, guiding her into other channels of service. Volunteers need continuous help for growth and development just as staff nurses do.

What can volunteers do? First, we all know the value of lay support in a community as to organization and promotion and public relations. At this point, however, we are concerned with actual lay participation in the practical aspects of the job to be done as differentiated from administrative support.

In all types of clinics, auxiliary workers can be taught to set up and clean up, to pull records, write identifying data, do general filing, guide patients, put up gloves, and make cotton balls. In the child health conference, a volunteer can weigh and measure and set up the demonstration; a nurse's aide can assist the physician with examinations and immunizations. In this way, one nurse can handle a fairly large conference and the

patient can receive maximum benefits from the visit. With our careful selection in home visiting today, it is extremely important that the visit to the conference be as productive for the patient as possible. Every patient should be interviewed by the nurse to be sure she understands the doctor's orders, to answer questions, and to give indicated health education. Giving maximum service in a busy conference necessitates more personnel. Although one nurse will be kept busy with her interviews and general management, the service rendered can be complete with the help of auxiliary workers.

In tuberculosis clinics, besides those general duties already mentioned, nurse's aides can take temperatures, weigh patients, and assist the doctor. Again adequate service can be rendered even in a large clinic by using auxiliary help as indicated and saving the one nurse to interview the patients.

In crippled children's clinics, volunteers can do much to relieve the nurse so that she can spend her time in giving instructions to the patients.

In venereal disease clinics, nurse's aides can be taught to clean syringes and sterilize, thereby relieving the nurse for the all-important interview. Your letters indicate "clinic nurses" are being used in many states. In most instances, this is a wartime appointment under the merit system, good for the duration and six months thereafter. In many places clinic nurses are on a part-time basis. These non-public health nurses in venereal disease clinics are taught to mix drugs, fill syringes and sometimes to administer treatments under the direction of the physician. In a venereal disease clinic this non-public health nurse is a valuable adjunct to the personnel for she can relieve the public health nurse in many ways. However, in other types of clinics, with the dearth of nurses, with procure-

ment and assignment committees in some of the states at least tearing their hair to determine the availability of nurses, are we justified in using clinic or non-public health nurses? With a public health nurse in the clinic to direct activities and to do interviewing, can not other activities be carried by volunteers or nurse's aides? Of course, if we are operating only a treatment clinic, then the public health nurse need not be present; the clinic then should be operated by a non-public health nurse.

TO CONTINUE with the use of the non-public health nurse, our own situation in Delaware is like many states, in that we have set up in our merit system a wartime appointment, wherein certain requirements have been waived. These jobs are good for the duration and six months thereafter. The nurses are given the orientation or introductory period; they receive the benefits of our more than ever necessary staff education program; they are given districts and function as a public health nurse. In Delaware we are fortunate in that there is a supervisor in each health unit. And because the state is small, it is possible for the nurses to report to the unit morning and evening. They receive the day-by-day supervision which is much like the supervisor-staff nurse relationship in a private agency. It is interesting that some of our non-public health nurses are doing very fine jobs. Many are very active members of their communities and have shown exceptional ability in building up clinics, using auxiliary workers, and assuming full responsibility for the total job.

Many private agencies and one or two official agencies report the use of nurse's aides for bedside care in the homes. This has proved to be another satisfactory way of conserving nurse power. In the NOPHN publication, "Volunteers and

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Other Auxiliary Workers in Public Health Nursing," published in 1943, Dorothy Carter of the Visiting Nurse Association of Boston states aides can help:

1. Where there is more than one patient in the same home.
2. Where there is a maternity case with mother and baby.
3. Where a helpless patient needs two people to turn and lift him and give care.
4. The aide, more experienced, may give care in certain types of long time illness.

Ruth Hubbard of The Visiting Nurse Society of Philadelphia reports their nurse's aides are interested and efficient. The aides have assisted with convalescent children, the chronically ill patients, and convalescent maternity patients. They are planning to train more nurse's aides for home visits.

Leah Blaisdell at Henry Street Visiting Nurse Service says they are employing practical nurses to give care to "mildly ill or convalescent patients." However, the "public health nurse is always responsible for the patient and intersperses her visits with those of the practical nurse." Miss Blaisdell says they have been highly pleased with the assistance of the practical nurses. The danger lies in the tendency of the public health nurse to "teach the practical nurse how to do a full public health nursing job and give them more responsibility than they are prepared to carry." She adds that "the supervisor must constantly be aware of the practical nurse's limitations, interpret frequently, and watch carefully because public health nurses are overly 'generous' in sharing responsibility when they are busy."

Other agencies such as the Visiting Nurse Association of Wilmington, Delaware, and the Monmouth County Organization for Social Service in New Jersey are using nurse's aides for care of chronic patients in the home.

Very few official agencies report the use of auxiliary workers in homes. One

or two states have used volunteers in visiting homes to secure consent slips for immunization. It appears that very few official agencies are doing an extensive bedside care program. In Delaware for two years now, we have offered bedside care for teaching purposes where there is no agency set up to provide such care, but we have not been overburdened with calls for care of acute illnesses. One county health service in Minnesota is hiring practical nurses for bedside care.

Marion W. Sheahan in the New York State Department of Health has used private duty nurses in some areas to carry bedside care by the hour on a fee basis. In a study, Miss Sheahan reports that both volunteer and paid non-nurse as well as volunteer and paid nurse service are being used in New York State.

In 1943, nearly all official agencies increased their use of auxiliary workers.

Elizabeth G. Fox* has outlined several non-professional duties in the home, which we in official agencies might well follow:

1. Inviting mothers to clinics or classes, or finding out whether children have been immunized.
2. Carrying a message from the nurse, or going on other errands to the homes of patients.
3. Staying with children while the mother goes to the doctor's office or clinic.
4. Doing simple diversional therapy.

WHAT DOES all this auxiliary help, particularly in our clinics, mean? Will certain permanent changes occur as a result of our present experiences? We are beginning to realize that this very well-trained person, the public health nurse, with her three years of nursing training, one year in a school of public health nursing, certain experience, and sometimes a college degree, is too valuable to do work which can be done

*Fox, Elizabeth G. "New Sources of Nurse Power." *PUBLIC HEALTH NURSING*, May 1942, p. 246.

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by a person less highly trained and paid. We have not thought it wise use of money to have an administrator do certain office work for which a clerk could be paid much less. The District of Columbia has developed a junior clinic aide group selected from recent high school graduates and has a manual with all clinic aide activities outlined, including procedures. Some such personnel classification might well become part of our permanent organization plan.

Another responsibility to be assumed by administrators is that of constant effort and watchfulness toward maintaining minimum public health nursing in wartime. Helene Buker in Michigan has worked out for her staff what seems to me a most helpful paper called "Recommendations Concerning Public Health Nursing Services During the Emergency." Each service and each phase of the work is analyzed with suggestions for careful selection of cases, for peeling the services to a safe minimum.

In Delaware, at our monthly administrative staff meetings, the executive secretary, health officers, division heads and supervisors are pooling their thinking in an effort to streamline our services.

The article in the December 1942 *PUBLIC HEALTH NURSING* on "Maintaining Minimum Public Health Nursing in War-time," is still a challenge to each of us.

One other point. From various sources, we hear reports of poor nursing care in hospitals, and possibly some of the nursing care we render in public health nursing services has fallen below standard. I know from a recent hospital experience that cold, soggy mustard plasters that feel like ice when they touch the chest and back and practically throw one into a state of shock, or cold bath water be-

cause "there isn't time," are not really justifiable. I wonder if we are giving poor nursing care in the name of war emergency. This kind of care is definitely not what we mean by minimum service.

In summary, perhaps the first essential to a successful program for non-professional workers is that the staff feel a need for the help of the auxiliary worker. This can be stimulated through group and individual conferences with the workers, reading, observation of the success of a co-worker with volunteers, or a visit with the worker of another organization. It should be the responsibility of some administrative person to create interest among the staff to use volunteers and to direct the program for auxiliary workers.

Secondly, careful selection of volunteers is important. Not just anyone who desires it can fit into the program.

A training program is essential in the agency where the volunteer is to work. The staff nurse should participate in this training.

A continuous program of supervision is essential, most of which must be carried by the staff nurse.

Today frequent analyses of our programs must be made, to be sure our nurses are engaged in nursing activities which cannot be done by someone else.

Close supervision of the public health nursing staff through group or individual conferences is necessary in developing their ability to handle the volunteer program, for in the last analysis it is the staff nurse who must locate, train, use, and supervise the volunteer. The staff nurse is the key worker in the auxiliary program.

Paper presented at annual meeting of state directors of public health nursing, New York City, October 11, 1943.

Inactive Nurses and Auxiliary Workers

By DOROTHY E. WIESNER AND MARGARET M. MURPHY

SHORTAGE OF nursepower is still headline news. And much has already been said about the ingenuity and good spirit with which public health nurses and their agencies have carried on with smaller professional staffs. NOPHN staff in the field, visitors to the office, and many letters all have reported the current shortage of public health nurses and the urgency of the problems created by "too little, all the time."

Some 150 agencies of the 584 participating in the 1943 NOPHN Yearly Review mentioned shortage of nurses as their principal administrative problem. Since the solution most frequently resorted to involves volunteers, nurse's aides and inactive graduate nurses, information about how those workers have served public health nursing agencies or how it is proposed to utilize their services has been summarized for the suggestions the material may hold for agencies faced with similar problems.

In the schedule and in the summary of data, the additional workers were divided in two groups: (1) those giving 100 hours or more in 1942 (2) those with no limitation as to hours of service.

The following data refer to additional personnel who gave 100 hours or more in 1942:

An auxiliary worker was defined as one not a graduate nurse, performing special duties not requiring the skills of a public health nurse. All clerical workers, custodians, and other non-professional employees could be included under this definition, but inactive graduate nurses will

be considered as a group separate from the auxiliary workers in this study. No definition was given for "inactive graduate nurse" on the questionnaires.

EXTENT AND KINDS OF SERVICE

About half of the 584 agencies used auxiliary workers who served 100 hours or more in 1942, and about one fourth used inactive graduate nurses. Combination agencies and county health departments used such additional personnel more frequently than did other kinds of agencies. Nonofficial agencies used them more than did municipal health departments. Boards of education used them least frequently.

Inactive graduate nurses were more often remunerated for their services than were auxiliary workers. More than half of the agencies using inactive graduate nurses paid at least some of them. Only 21 percent of those using auxiliary workers paid for their work. Payment to auxiliaries was most usual among boards of education (44 percent), and least among combination agencies (7 percent).

It is evident that in replying to the questionnaire all agencies did not include their regular paid clerical workers as auxiliary workers. In a summary published in 1940*, it appears that 85 percent of the nonofficial agencies employed full- or part-time clerks.

For the most part, inactive graduate nurses were used for clinic and conference work. Many were used for home

*Hopwood, Louise. "Information Please." PUBLIC HEALTH NURSING. May, 1940, p. 307.

INACTIVE NURSES AND AUXILIARY WORKERS

visits, particularly for relief and substitute work. Some of them taught home nursing classes for the agencies. It was surprising to note that in six agencies clerical work and assistance in publicity were volunteer services of inactive graduate nurses.

Auxiliary workers, too, were used most frequently in clinics and conferences, but almost as often for clerical work. Among other frequently mentioned activities were sewing and transporting workers and patients. Specially trained workers in venereal disease contact investigation and an assistant in physical therapy were mentioned as auxiliary workers in certain agencies.

A second group of data was secured about auxiliary and other helpers regardless of hours of service. Of the 584 agencies reporting on this section of the schedule, 27 percent reported help from inactive graduate nurses, 18 percent from nurse's aides, 7 percent from those who had completed a Red Cross home nursing course, and 3 percent from practical nurses. Of the 16 agencies using practical nurses, 11 were nonofficial, 3 were county health department, 1 a municipal health department, and 1 a combination agency. Other types of auxiliary workers mentioned were Red Cross Motor Corps members, volunteers from the American Women's Voluntary Services and Office of Civilian Defense, Red Cross staff assistants, WPA helpers, PTA members, housekeeping aides, students from Red Cross nutrition classes, Red Cross gray ladies, and lay epidemiologists for venereal disease control work.

Among the interesting jobs handled by these additional personnel were service at a blood donors' station by an inactive graduate nurse; supervision of a registry for practical nurses by a practical nurse; assistance in an immunization survey by a woman who had completed a Red

Cross home nursing course; planning work for volunteers in a municipal health department by an inactive graduate nurse; assisting in laboratory work and vision testing by nurse's aides; manning of casualty and first-aid stations by women who had completed a home nursing course; and giving of baths and simple bedside care by a housekeeping aide.

TRAINING OF NURSE'S AIDES

Agencies were asked whether nurse's aides had been sent to them for field experience as part of their training; 34 said they had offered this training. Such practice was more usual among county health departments and combination agencies than among other kinds of services.

PLANS FOR 1943

One half of the agencies gave in some detail their plans for using inactive graduate nurses and auxiliary workers in 1943. Of the 224 agencies who did not use this kind of help in 1942, or who did not reply to the 1942 question, 17 percent had plans for 1943. Of the 360 agencies who did use such help in 1942, it was surprising that 17 percent had no plans for 1943, and 13 percent did not report about 1943 plans. Among the reasons for not using auxiliary workers were the following: "We are proceeding very slowly as we are a young agency just getting a foothold in the community"; "The hospitals need volunteers more than we do"; "Transportation is too difficult a problem here." Such responses, however, were in the minority.

The following lists are available from the Statistical Department of the NOPHN upon request: (1) 57 agencies using auxiliary workers for home visits (2) 16 agencies using practical nurses in various fields, and (3) 34 agencies giving field experience for those in training as nurse's aides.

The Visiting Nurse Is on the Air

SERGEANT JOE," a visiting nurse story by Robert Sloane, is the first transcription in the 13-weeks' radio program produced by Community Chests and Councils, Inc., for community war chests in 750 American cities. The series, called "War Town," is recorded for use on local radio stations. It will be available from local war chests beginning about April 1. VNA's are urged to get in touch with their community chests to find out if and when the series will be used locally. It is too good to be missed.

Ralph Bellamy, Hollywood star now playing in the New York stage hit, "Tomorrow the World," emcees the entire series and the cast in each separate production contains many names famous in radio and theater.

The series is based on the fact that every American town is "War Town." It dramatizes wartime situations which require community action, showing agencies in action such as the visiting nurse association, the USO, United Seamen's Service, War Prisoners Aid and other war relief services included in the National War Fund. Each show provides for opening and closing announcements by local announcers and the introduction of an outstanding local leader.

Edith Wensley and Ella L. Gilmore of the NOPHN took part in the exciting business of planning, writing and transcribing the VNA script. Incidentally, they learned what painstaking care goes into the making of a truly professional job such as this.

Preliminary preparations were made. A group was first called together by Community Chests and Councils to consider

material for dramatic script. Edith Wensley and Horace Hughes, representing the NOPHN Publicity Committee, two representatives from CC and C, Inc., writer and director for the series, were present. Mrs. Wensley suggested possible public health nursing story ideas, and several were agreed upon.

Next the group met at the Community Chests and Councils office to read and discuss the script submitted by the writer. The interpretation of the visiting nurse was not convincing.

Since the story was about a maternity patient, it was next submitted to the staff of the Maternity Center Association for suggestions. The scenes with the nurse were checked for accuracy and proper interpretation and discussed with the writer, who revised the script in accord with correct technical procedures. The committee approved the final script. It was now ready for rehearsals and recording.

Ella Gilmore writes at this point: The next day was rehearsal of the real cast. All met in a great big, old-time social hall—with massive-beamed ceilings, heavy draperies and enormous mirrors—where

Baby, mother, and nurse!



VISITING NURSE IS ON THE AIR



NOPHN's Ella L. Gilmore assists Director Shayon in the control room. Ralph Bellamy, master of ceremonies, is at the microphone

Columbia Recording Corporation has its studios. Every corner was filled with noise. For two hours the orchestra played over and over the theme music, the sound effect man perfected the whistle of the flying shells and the roar of the cannon, the cast read over their lines, and Gilbert Mack, the "man with a thousand voices," practiced the newborn baby's cry with a handkerchief held curious fashion against his teeth. All this went on continuously and simultaneously while we waited for a screen actress who did not come. On a minute's notice Alice Frost ("Big Sister" on the air) came in to play the part of the mother, which she did to perfection. Private Edmond O'Brien, now appearing for the U. S. Army Air Forces in "Winged Victory," was the soldier father. Eunice Howard, playing the visiting nurse, was following the direction of Robert Shayon, CBS producer, who had Miss Gilmore at his side in the production control room, to be "cool, efficient, sympathetic."

Everyone was keyed up and finally the transcription was to be cut!

Then came the well-synchronized opening theme, Ralph Bellamy's full voice, "This is a story about a guy named Joe—," the whistle and roar of cannon, incredibly according to plan.

The producer called each speech and sound with full arm gestures, under his breath saying, "Fine, fine."

Finally came the home scene and the confident voice of the doctor, the sweet, weak voice of the mother. But nobody, including the actress who played the part, was satisfied with the interpretation of the nurse.

Well, everything went splendidly in the end. A new rehearsal and recording were scheduled. We were on hand—even if the engineer, the doctor, and the producer's ear phones were not! A few hasty substitutions and we were again ready. At last a call from the transcription cutting room—30 seconds—20 seconds—10 seconds—a strong arm gesture and we were ON THE AIR with a swell show.



Amy M. Schroeder

In the presence of Mayor La Guardia at the City Hall Plaza on June 5, 1943, Health Commissioner Ernest L. Stebbins presented Mrs. Hyman Schroeder with a service stripe for her 3,000 hours as director of volunteers of the Bureau of Nursing of the New York City Department of Health. Since the Fall of 1941, Mrs. Schroeder has been at her desk in the Department practically every day of the week. During that period over 1,000 women have taken the orientation course in public health under Mrs. Schroeder's guidance. Working closely with the health services maintained by the city in schools and clinics, she assists in the placement of volunteers and maintains a close follow-up plan to develop a sense of responsibility and continued interest on the part of the volunteer health assistants. Mrs. Schroeder is a member of the Nursing Committee of the Henry Street Visiting Nurse Service and of the NOPHN Joint Committee on Lay Participation in School Nursing.

Looking at the Volunteer

By AMY M. SCHROEDER

INSTEAD of giving a close-up of one volunteer this month, I should like, in the phraseology of the film industry, to present a series of shots as a sort of moving picture of the volunteer health assistants of the Bureau of Nursing of the New York City Health Department.

This picture had its beginnings thanks to the efforts and vision of Amelia H. Grant, former director of the Bureau of Nursing. Even before the war Miss Grant realized the possibility of providing the much overworked public health nurses with lay assistance and foresaw what this would do toward using nursing time most advantageously.

The volunteers, through their own statements are better able to present themselves and their jobs than I could by descriptions. Therefore for Part I of my picture I quote a series of letters that

reveal the enthusiasm and understanding and satisfaction which is experienced by many of the volunteers. This is what the volunteers who work in elementary schools have written to me:

We just had the doctor at our school today and Mrs. J. and I are feeling very smug. Everything went off like clockwork. We're not crowing too loudly though, because next time probably no mothers will show up and the children will scream like banshees when they see the toxoid needle! The more work I do at school, the more I love it. I really can read the health cards a bit intelligently. Today I felt like an old trouper, but I can't get too confident of my prowess because I'll surely come a cropper. The nurse is gradually giving me as much responsibility as I can take. If any new volunteers are in doubt about whether or not they would like the work, refer them to me. I love the work so that I think that anything that can be done to get more volunteers to share in the fun is very much worth while.

LOOKING AT VOLUNTEERS

Then another . . .

To use an old New England expression, I think it is fitting and proper to tell you how much I like and enjoy the work as a volunteer health assistant. Instead of the prescribed 50 hours, I wish I could have added 150 hours. I was amazed and gratified to realize the extent of care the city of New York bestows upon the public and parochial school children. I tell you, I *like* to do the chart and filing work. Each health card represents a human elementary story and before one realizes it, each child becomes your own personal problem.

I think this next letter is sufficiently vivacious to be considered a composite picture of the volunteers who work in the child health stations:

As to the value of the volunteer, no one can think of a specific instance, but I surely do fit in here! We have no clerk at the reception desk, so all in this one morning I have done filing and reception work, taken initial histories on new babies, weighed and measured babies, instructed the mothers in the use of the cubicle, entertained a couple of preschool rascallions who were galloping around the clinic, held a baby or two while mother went to the lavatory, mopped the floor, held a child while the doctor gave him his toxoid and the child's mother was busy with another infant. Sometimes I have six or eight preschools—I have chalk for them and crayons and paper and as a last resort I read to them. Forgot to say I also have stock of picture books which I loan out to heartbroken or frightened children—or roisterers.

Some of the volunteer health assistants are assigned to chest and social hygiene clinics, either day or night. These clinics hold special interest for volunteers who prefer to work with adults rather than the children in schools and well-baby stations. One writes:

May I take this opportunity to tell how pleased I am with my assignment to the chest clinic? I take the histories of the patients and I am on duty Monday, Wednesday, and Friday afternoons. I find myself actually looking forward to those periods—the work is intensely interesting, the clinic personnel very congenial and cooperative. I felt particularly gratified the other day when the district supervising nurse and the clinic supervising nurse both told me that I was really releasing a nurse for other duty. I have found what I long sought—a niche for me in the great war effort and the opportunity to really serve.

As Part II of this film I would like to show our volunteers through the eyes of the public health nurse. One of the supervising nurses had this to say:

May I take this opportunity to state that Mrs. S. is doing a splendid piece of work in the station on some of our sessions. We have been able to assign one nurse less because of her invaluable help. We trust that she will be able to remain with us.

And a regional supervising nurse added her bit:

The volunteer health assistants are making a worthy contribution to the health center districts. In one particular instance Mrs. H. C. S. has been so dependable and efficient and is carrying the greater bulk of the eye clinic work in this building.

At our child health station, Mrs. M. A., a volunteer nurse, has given excellent service and has been indispensable. She not only releases a nurse, but enables us to place more time on other activities. Mrs. L. F. and Mrs. G. G., too, have been loyal and faithful workers. Both give much of themselves to the child health station. These services function efficiently with volunteer help.

Our school volunteers give valuable assistance to the nurses. They have been generous with their time and are very cooperative.

Within the past week, we have received three new volunteer assistants, one being a registered nurse. Our aim is to use as many volunteers as we can. At present we have a total of 15 volunteers in this center district, two being graduate nurses. In behalf of this health center, we wish to make known our deep appreciation of the volunteer health assistants' contribution to the nursing staff, and we are grateful for their generosity. They have been reliable, dependable, and have never hesitated to give additional time when it has been necessary.

Part III of my "film" shows shades, shadows, and conflict as do all good moving pictures. And I quote again:

The VHA work was no more than a filing clerk's job. On one occasion when I had the chance to do a bit of so-called health aid, the district nurse—who happened to be visiting at the time—objected, and both the doctor and the school nurse, who were there at the time, were taken to task. Evidently it is not the policy to allow any of the volunteers to do anything other than clerical work. I realize full well how important that work is, but I feel that I am qualified to do other work besides.

PUBLIC HEALTH NURSING

One of the most competent and responsible volunteers said recently in discussing volunteer work, "Volunteers should be given a variety of work and they will then be willing to take on the routine which is one half to two thirds of the job." We must be sufficiently realistic about volunteers to know that "man can not live by bread alone." Situations like this are infrequent, but beware—they did and do exist.

A segment of film captioned "turnover" is a gloomy bit to those responsible for the service. Volunteer health assistants file out one by one, to follow army and navy husbands, to do home jobs, to have babies, to do more glamorous war work.

But on the whole, volunteer health assistants have made a contribution to the public health nursing field and so there can be, as in the best-liked films, a happy ending. Many have agreed with the writer who said, "It has been a privilege to work for the Bureau of Nursing. The wealth of knowledge that I have gained more than compensates for the time given."

As director of volunteers, I had the good fortune to be a round peg in a round hole owing to the fact that I had graduate training for and professional experience in personnel work. Interest and knowledge of public health work came through marriage, for my husband was a lifelong friend of Lillian D. Wald and a member of the Board of Directors of the Henry Street Visiting Nurse Service.

Four thousand hours on this job have deepened my interest and extended my

knowledge of public health and of the value and problems of volunteers in this field. This record, too, entitles me to think that perhaps I can offer advice about volunteers that might be helpful to organizations that are interested in developing similar groups.

Of the many thoughts which run through my mind, I am selecting only two to be flashed on the screen because it seems to me they are important and if they exist, the rest of the film will follow the script.

My first thought is an axiom. The success of the volunteer program is in the hands of the nurse. Therefore, more concentrated training is needed for her than for the volunteer. Make her understand the philosophy of the program; be sure that she knows how to delegate duties; make certain that she is willing to delegate them; and make her see her job in terms of "public relations."

If the nurse takes on these responsibilities, and there has been good selection of personnel, then volunteer evils of absenteeism, lack of responsibility, antagonism toward criticism will be held at a minimum.

To have and to hold volunteers there must be a specific plan and means to make known to them periodically their value and importance and to give them a sense of achievement. Recognition for work well done is imperative.

To finish, in the parlance of the movie world, the title of the coming feature will be "The Public Health Volunteer in the Postwar Era."

Reviews and Book Notes

MENTAL HEALTH IN COLLEGE

By Clements C. Fry, M.D., with the collaboration of Edna G. Rostow. 365 pp. The Commonwealth Fund, New York, 1942. \$2.

This is indeed a very fine text and its material is suited to all college faculty as well as guidance and health workers. Case studies with discussions give one insight into the newer concept of "behavior as symptomatic and purposive." It brings out clearly the influence of such factors as the parent-child relationship and sibling relationships. It brings out also the important factors which influence emotional growth and development and shows how so-called normal or exaggerated behavior may result.

After reading this book one will have more understanding of the services offered to students by the psychiatrist and the psychiatric clinic. One will also accept each student as an individual whether he comes into the class or under medical care or guidance and whether or not his behavior indicates that somewhere along the path of development something has gone wrong.

RUTH E. GOUGH, R.N.
Ashland, Oregon

INDUSTRIAL SAFETY

Edited by Roland P. Blake. 435 pp. Prentice-Hall Inc., New York, 1943. \$5.

The book covers major safety methods and practices in general and has sufficient rotation and bibliographical references to provide a basis for study of the principles of industrial safety. As such it will prove valuable to those responsible for the operation of safety programs and also to the nurse who is actively interested in safety. She will find it helpful in evaluating accidents, classifying accidents and injuries, and in the development of

reports based on generally accepted formulae which will give management a true picture of the value of her services. Further, through use as a reference book it will assist her in understanding the problems of related groups within the plant.

The chapter on first aid will be found to be very general, and industrial nurses will not find specific answers to their problems in it, but, after all, the book is not designed as a textbook on industrial nursing.

JESSE C. WILLIAMS, R.N.
East Hartford, Connecticut

TOWARD COMMUNITY UNDERSTANDING

By Gordon W. Blackwell. 98 pp. American Council on Education, Washington, D. C., 1943. 75 cents.

This is an interesting report describing how 16 selected colleges in midwest and southern states attempted to give prospective teachers, in the words of the author, "a special understanding of the society of which he, his school, and his pupils are a part." The program of study included lectures in the classroom, individual and group conferences with community leaders, instructors, and students; carefully planned excursions to industrial areas, county or city government offices, welfare, health and recreation agencies, and under-privileged areas; and a well integrated program of field experience.

Emphasis is placed on the importance of the sociological study of the community or area as an essential prerequisite to any intelligent community service and on the significance of relationships in developing community understanding.

The report is particularly valuable in that it gives a concise picture of a modern trend in the field of teacher education

PUBLIC HEALTH NURSING

which should be of special interest to the public health nurse.

A. LOUISE KINNEY
St. Louis, Missouri

FUNDAMENTALS OF PSYCHIATRY

By Edward A. Strecker, M.D. 201 pp. J. B. Lippincott Company, Philadelphia, 1943. \$3.

In this volume, almost of pocket size, the distinguished president of the American Psychiatric Association presents the essential data of psychiatry—the historical background, methods of examination, the types of mental disorder, and suggestions as to treatment. From a long

experience as professor of psychiatry at the University of Pennsylvania, Doctor Strecker has learned well just what to present, particularly for the medical student and practitioner. He emphasizes the important fact that every physician should have at least a minimum of psychiatric information and skill, and gives the data in an interesting and readable manner. The general approach is psychobiological, in the Meyerian sense. A timely chapter on The Psychiatry of the War is included.

WINIFRED OVERHOLSER, M.D.
Washington, D.C.

RECENT PUBLICATIONS AND CURRENT PERIODICALS

WARTIME

COMMUNITY ACTION FOR CHILDREN IN WARTIME. Pub. No. 295; Children's Bureau, U. S. Department of Labor, 1943. 9 pp. Superintendent of Documents, Washington 25, D. C. 5c.

ADMINISTRATION

STUDY OF ORGANIZATION, CONTROL, POLICIES AND FINANCING OF NURSES' PROFESSIONAL REGISTRIES. American Nurses Association, 1790 Broadway, New York 19, N. Y., 1943. 39 pp. 35c.

COMMUNICABLE DISEASES

RECOMMENDATIONS REGARDING THE TEACHING OF FACTS CONCERNING THE VENEREAL DISEASES AT THE SECONDARY SCHOOL LEVEL. Adopted by the National Conference for Cooperation in Health Education. U. S. Public Health Service, Washington, D. C., April 28, 1943. 3 pp. Free.

"THE BEGINNINGS OF THE AMERICAN ANTI-TUBERCULOSIS MOVEMENT." James Alexander Miller. *American Review of Tuberculosis*, National Tuberculosis Association, December 1943. p. 361. No reprints available.

MANAGEMENT OF CHANCROID: GRANULOMA INGUINALE AND LYMPHOGRANULOMA VENEREUM IN GENERAL PRACTICE. Robert B. Greenblatt, M.D. U. S. Public Health Service, 1943. 43 pp. Superintendent of Documents, Washington 25, D. C. 15c.

MATERNITY

"MATERNITY POLICIES IN INDUSTRY." Charlotte Silverman, M.D. *The Child*, Children's Bureau, U. S. Department of Labor, Washington, D.C., August 1943. p. 20. Reprint free.

FILMS

BIOLOGICAL AND PHYSICAL SCIENCES IN SCHOOLS OF NURSING. Loretta Heidgerken. Educational Film Library Association, Inc., 45 Rockefeller Plaza, New York 20, N. Y., 1944. 37 pp. 50c.

Evaluation of selected films which can be used in nursing education and which meet standards of worth, usefulness and application, and availability.

SCHOOL HEALTH

"FLORIDA'S SCHOOL HEALTH PROGRAM." Elizabeth Fretwell. *Florida Health Notes*, Florida State Board of Health, Jacksonville, Florida, November 1943. p. 182. Free.

This article is an abstract of Bulletin 4 of the Florida Program for Improvement of School Series, a joint effort of the State Department of Education and the State Board of Health.

PHYSICAL FITNESS THROUGH HEALTH EDUCATION FOR THE VICTORY CORPS. U. S. Office of Education, 1943. 98 pp. Superintendent of Documents, Washington 25, D.C. 20c.

This manual proposes six major health objectives as a basis for a wartime emergency program of health education in the high schools.

NOTES FROM THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING



Dorothy Rusby



Mary B. Spence

STAFF APPOINTMENTS

Dorothy Rusby comes to the national staff on March 1 to assume various duties connected with the ever-widening scope of NOPHN activities. She will assist with plans for the Biennial Business Meeting, and later with community organization in connection with the American War-Community Services project to establish public health nursing care of the sick in needy war industrial areas.

Miss Rusby, a native of New Jersey, is a graduate of Wittenberg College, Springfield, Ohio, where she specialized in psychology and philosophy. Her basic nursing preparation was received at St. Luke's Hospital, New York City, with additional training at Sloan Hospital in the same city. She also studied public health nursing at Teachers College, Columbia University, where she received her Master's degree in 1939.

Miss Rusby has been on the staff of the

Henry Street Visiting Nurse Service for eight years, in turn as staff nurse, assistant supervisor, supervisor, borough adviser, educational assistant and personnel assistant. She served recently as a member of the college field staff of the National Nursing Council for War Service and the United States Cadet Nurse Corps.

The business management of a large national organization is a complex task, requiring technical knowledge of both how to raise and how to spend money efficiently, and how to select and direct a sizable business staff for maximum service, to the greatest satisfaction of all concerned. Mary B. Spence, NOPHN's new business manager, has a unique combination of excellent preparation, experience and personality which promises well for the future stability of NOPHN's business relations. Miss Spence is a graduate of St. Lawrence University, Canton, New York, with an M.A. in the field of eco-

nomics and sociology from New York University and an M.S. in social work from the New York School of Social Work. She has had merchandising experience in the department store field and in the management of her own shop. She served with the Federal Transient Bureau in a supervisory capacity, with the Cleveland Junior League as executive and placement secretary, and with the N. Y. School of Social Work as admission secretary. In 1941 Miss Spence organized a new family casework agency for the community chest in Pasadena, California.

Miss Spence succeeds Ruth C. Marvin, whose resignation was announced with regret some weeks ago.

IN THE FIELD

VISITING NURSE ASSOCIATION, Hartford, Connecticut, February 1—Jessie L. Stevenson gave a day's advisory service to this agency. During the rest of the month she visited Evanston and Chicago, Illinois; Milwaukee, Wisconsin; Oklahoma City, Oklahoma; Kansas City, Missouri; and Salt Lake City, Utah, as part of an extensive field trip. Her activities included institutes, conferences, and advisory service with official and nonofficial agencies and individuals concerning their orthopedic service and institutes. . . . Allentown, Pennsylvania, February 4—Upon invitation of the City Health Department Hortense Hilbert met with a group of community representatives to discuss possibilities of co-ordination of local public health nursing services. . . . JOHNS HOPKINS UNIVERSITY, Baltimore, Maryland, February 9 and 16—Heide L. Henriksen gave a number of lectures as part of a course on special problems in industrial nursing. On February 14 and 15 she gave advisory service to the DISTRICT NURSING ASSOCIATION, Portland, Maine; on February 18 she spoke on industrial nursing at YALE UNIVERSITY SCHOOL OF NURSING in New Haven, Connecticut; February 25 she spoke at SETON HALL COLLEGE, Newark, New Jersey, to a class in industrial nursing. . . . Washington, D. C., February 25—Ruth Houlton attended a meeting of the NATIONAL COMMITTEE ON RED CROSS NURSING SERVICE. . . . Chicago, Illinois, February 24, 25, and 26—Mrs. Edith Wensley attended the MIDWEST CHEST-COUNCIL CONFERENCE.

NOPHN INCOME AND EXPENSE

1943

Income

Membership dues, individual.....	\$ 33,214.00
Membership dues, agency.....	31,031.89
Contributions	19,557.37
*PUBLIC HEALTH NURSING magazine	30,057.79
Reimbursements	3,956.40
National Foundation for Infantile Paralysis	28,766.25
American War-Community Services	775.23
Study of Nursing Resources.....	1,148.26
Miscellaneous	6,305.28

Total income **\$154,812.47**

Expense

Administrative Practices	\$ 19,823.47
American War-Community Services	775.23
Industrial Nursing	11,490.74
Joint Committee on Integration	32.53
National Relationships	2,713.25
Professional Education and Vocational Guidance.....	16,735.69
Publications and Bulletins.....	11,587.98
School Nursing	7,247.83
Statistical Studies and Compilations	16,862.06
Study of Nursing Resources.....	1,346.84
*PUBLIC HEALTH NURSING magazine	
a. Advertising	3,951.58
b. Preparation	9,157.97
c. Printing	8,481.45
d. Subscriptions	7,489.20
National Foundation for Infantile Paralysis	28,766.25

Total expense **\$146,462.07**

Summary

Income	\$154,812.47
Expense	146,462.07

Income over expense **\$ 8,350.40**

*PUBLIC HEALTH NURSING Magazine

Income

Subscriptions	\$21,724.99
Advertising	8,332.80

Total income **\$30,057.79**

Expense (allocated)

General administration.....	\$15,993.71
Travel	60.33
Printing and miscellaneous expense	12,135.88
Subscription promotion	890.28

Total expense **\$29,080.20**

Summary for magazine

Income	\$30,057.79
Expense	29,080.20

Income over expense..... **\$ 977.59**

FIRST 1944 HONOR ROLL AGENCIES

As the March issue goes to press, 84 agencies report that every nurse on their staffs has enrolled as an individual member of the NOPHN for 1944. To these agencies go certificates of honor, the congratulations of the NOPHN Membership Committee and the deep satisfaction of knowing that they have an active and meaningful part in shaping public health nursing for tomorrow's world.

As more agencies report 100 percent enrollment, their names will be published in future editions of the magazine. So let NOPHN know just as soon as all the full-time nurses on your regular staff have joined. If you are the nurse who is keeping your agency off the Honor Roll, send in your dues today—either to your State Membership Representative or directly to the NOPHN office.

And board members, remember there is an Honor Roll for you too and that responsibility for the national development of public health nursing should be shared between nurse and board member alike.

ALABAMA

Montgomery—Metropolitan Life Insurance Nursing Service

ARIZONA

*Miami—Public Schools

*Tacoma Mothers' Clinic for Planned Parenthood

CALIFORNIA

Crescent City—Del Norte County Public Health Service

COLORADO

Denver—Health Service Department of Denver Public Schools

CONNECTICUT

*Norwich—Public Health Nursing Department of United Workers

DISTRICT OF COLUMBIA

*Washington Kiwanis Club Clinic for Crippled Children

GEORGIA

Marietta—Department of Public Health

IDAHO

*Boise—Division of Public Health Nursing—Idaho State Department of Public Welfare
*Mullan—Public Health Nursing Service

*On Honor Roll five years or more.

**Entire staff of Board of Directors 100 percent enrolled.

ILLINOIS

*Bloomington—Metropolitan Life Insurance Nursing Service

*Bloomington—City Health Department

*Centralia—Metropolitan Life Insurance Nursing Service

*Granite City—Metropolitan Life Insurance Nursing Service

Lawrenceville—County Health Department

Oak Park—Department of Health

*Quincy—Adams County Tuberculosis Association

*Rockford—Visiting Nurse Association

INDIANA

*Elkhart—Child Welfare Station

*Muncie—Delaware County Tuberculosis Association

Peru—Miami County Public Health Nursing Service

*Terre Haute—Public Health Nursing Association

IOWA

*Burlington—Metropolitan Life Insurance Nursing Service

*Keokuk—Public Schools

*Marshalltown—District Health Service No. 8

*Sioux City—Public Health Nursing Service

*Waterloo—Black Hawk County Nursing Service

*Waterloo—Visiting Nurse Association

West Des Moines—Public Schools

KENTUCKY

*Henderson—Metropolitan Life Insurance Nursing Service

Newport—Metropolitan Life Insurance Nursing Service

*Owensboro—Metropolitan Life Insurance Nursing Service

*West Liberty—Morgan County Health Department

MAINE

*Bangor—Anti-Tuberculosis Association

*Southwest Harbor—Tremont Nursing Association

*Wilton—South Franklin County Nursing Service

MASSACHUSETTS

*Hyannis—District Nursing Association of Barnstable, Yarmouth and Dennis

MINNESOTA

*Duluth—City Health Department

MISSOURI

*Clayton—St. Louis County Metropolitan Life Insurance Nursing Service

*St. Louis—Board of Education

*St. Louis—Municipal Visiting Nurses

Warrensburg—Johnson County Health Department

Webb City—Jasper County Health Department

NEW JERSEY

*Asher Park—Metropolitan Life Insurance Nursing Service

NEW HAMPSHIRE

*Nashua—Good Cheer Society

NEW YORK

Geneva—Livingston County Public Health Nursing Service

*Kingston—Metropolitan Life Insurance Nursing Service

*Mechanicville—Metropolitan Life Insurance Nursing Service

*Port Jervis—Metropolitan Life Insurance Nursing Service

Rome—Metropolitan Life Insurance Nursing Service

*Staten Island—Visiting Nurse Association

Tannersville—Community Nursing Service

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NORTH DAKOTA

- *Lisbon—Ransom County Public Health Nursing Service

OHIO

- *Lima—Visiting Nurse Association
- **Youngstown—Visiting Nurse Association

OKLAHOMA

- *Muskogee—Five Civilized Tribes—United States Indian Service
- *Tulsa—Public Health Association

OREGON

- *Bend—Deschutes County Health Service
- *Roseburg—Douglas County Health Unit
- *Vale—Malheur County Public Health Association

PENNSYLVANIA

- *Philadelpia—Visiting Nurse Society Manayunk Branch
- *Reading—Visiting Nurse Association

RHODE ISLAND

- *Cranston—School Health Division
- *Esmond—Smithfield Public Health League
- *Saylesville—Sayles Finishing Plants, Inc.

SOUTH CAROLINA

- *Greenville—Metropolitan Life Insurance Nursing Service
- Newberry—County Health Department
- Pickens—County Health Department
- Saluda—County Health Department

SOUTH DAKOTA

- Sisseton—County Public Health Nursing Service

TENNESSEE

- *Knoxville—Metropolitan Life Insurance Nursing Service
- *Trenton—Gibson County Department of Public Health

TEXAS

- *Galveston—Public Health Nursing Service

VIRGINIA

- Manassas—Prince William-Stafford Health Unit
- *Portsmouth—Metropolitan Life Insurance Nursing Service

WASHINGTON

- *Spokane—Metropolitan Life Insurance Nursing Service

WEST VIRGINIA

- Huntington—Metropolitan Life Insurance Nursing Service

WISCONSIN

- *Juneau—Dodge County Health Department
- *Madison—Visiting Nurse Service
- *Neenah—Health Department
- *Sturgeon Bay—Door County Health Department
- Waupun—High School, Board of Education
- Wisconsin Rapids—Metropolitan Life Insurance Nursing Service

HONOLULU

- Honolulu—Territory of Hawaii

MISS FRASER HONORED

Upon her retirement in January from the Detroit Department of Health after 31 years of continuous service, Katherine Fraser was presented with a 10-year membership in the National Organization for Public Health Nursing and a 10-year subscription to PUBLIC HEALTH NURSING magazine. The award of the special certificate was made by Detroit's Commissioner of Health, Bruce H. Douglas, in behalf of the entire staff of the Department who wished to give recognition to her pioneer service in this appropriate way.

Miss Fraser was the first director of a generalized public health nursing program in Detroit and helped develop nursing care and health education activities on a family basis.

The National Organization joins the Detroit staff in expressing its appreciation to Miss Fraser of her long and valued service in public health nursing and wishing her full enjoyment in her deserved retirement.

Permanent Volunteer Service

(Continued from page 111)

of 100 hours or more (page 142). They performed many necessary tasks, saving days and weeks of professional nursing time. In "Using Emergency Personnel" (page 137), Miss Wilson of Delaware tells how a state public health nursing division was able to meet its increased wartime responsibilities with the help of volunteers and non-public health nurses. Her inquiry among other state divisions revealed a similar active willingness elsewhere to utilize volunteer assist-

ance to fill professional nursing gaps. Mrs. Schroeder, a volunteer who has directed the work of a thousand other volunteers, analyzes (page 148) assets and liabilities in the volunteer program.

In the planning for the postwar period by those who seek the further sound development of public health nursing the volunteer program is an important area for careful consideration. How can the interest and satisfaction of volunteers be challenged and maintained? How can the volunteer program be made permanent?

NEWS AND VIEWS

Highlights on Wartime Nursing

1944 STUDENT NURSE RECRUITMENT

A new plan to meet the need for more intensive recruitment and follow-up of applicants for schools of nursing has been worked out by the U. S. Public Health Service with the National Nursing Council. In each state the plan calls for (1) a state chairman (or student nurse recruitment officer) named by Dr. Thomas Par-ran as special agent, with travel expense provided and franking privilege allowed (2) vice-chairman from the hospital field, similarly appointed (3) a recruitment committee which is broadly representative of the community including women's clubs, service clubs and others, especially those which have contributed to scholarship plans (4) well-balanced program of information and guidance (5) intensive follow-up of inquiries from eligible young women (6) field service on request to help set up the state program.

State councils participating in the program have been asked by the National Nursing Council to submit nominations for the position of state recruitment chairman. The Council will nominate one person for appointment by the USPHS.

Outlines have been prepared in detail for national, state and local recruitment committee work, under the headings—functions, organization and procedures. Copies are available from the Council on request.

CLASSIFICATION OF NURSES

While only 8,000 nurses including replacements will be needed by the Army and Navy by July 1, 1944, this is only about 1,000 less than were actually procured during the last six months of 1943. The needs of the military for nurses may possibly increase as the war goes on. The situation regarding civilian nursing needs is becoming increasingly critical. Because of the above facts, the Nursing Advisory Committee to the Directing Board of Procurement and Assignment Service has recom-

mended, and the Board has approved, that state and local committees continue to classify nurses, using either of the following plans:

Plan I. Classification of all nurses.

Plan II. Classification of only nurses eligible for military service.

Plan I is desirable since it will be a step toward assembling a complete roster and an aid to better utilization of all nurses. Plan II may be used by states who believe it is not feasible to carry out Plan I. The state committee should decide which plan it is going to use and recommend this plan to the local committees. In either plan, the state chairman should inform nurses in writing of their classification.

The above supplements information relative to classification procedures reported in *PUBLIC HEALTH NURSING*, October 1943, p. 599.

The February issue of *Professional Nursing*, published by the Nursing Information Bureau, explains in detail with lively illustrations the "Why-What-How" of the Procurement and Assignment Service for nurses and classification and clearance procedures. Copies have been sent to public health nursing agencies, state and local Procurement and Assignment committees, nursing councils, and other groups. Every public health nurse will be interested in seeing it.

NATIONAL CLASSIFYING COMMITTEE

Nurses employed by federal and national agencies and working on the headquarters staff or on a regional basis, nurses employed in non-military government hospitals administered by federal agencies where they are subject to transfer by the agency, and all nurses employed by commercial agencies on a national basis will be classified by a national committee. This committee has been appointed by the National Nursing Council for War Service.

Under the chairmanship of Marion W. Sheahan, director, division of public health nurs-

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ing, New York State Department of Health, it will review the nursing programs and staff of all national agencies employing nurses, and represent the Nursing Council on questions involved in the distribution of nurses. Mrs. Hope Newell, formerly assistant educational director, Henry Street Visiting Nurse Service, has joined the staff of the National Council as secretary of the new committee.

Nurses employed on the state level or on a district level, covering the jurisdiction of more than one procurement and assignment committee, will be classified by the state committee for nurses of Procurement and Assignment Service.

Appeals for change in classification may be made to the Directing Board of Procurement and Assignment Service.

REGIONAL INSTITUTES

A series of regional institutes for state nursing councils were organized in January, February and March by the National Nursing Council in cooperation with the National Education Division of the U. S. Public Health Service and the Procurement and Assignment Service with the special purpose of interpreting and stimulating student recruitment and procurement and assignment in all the states. Meetings were held in New York, January 11; Baltimore, February 1-2; Omaha, Nebraska, February 14-15; Chicago, Illinois, February 16-17; Little Rock, Arkansas, February 21-22; Albuquerque, New Mexico, February 25-26; Salt Lake City, Utah, March 2-3; Portland, Oregon, March 6-7; Los Angeles, California, March 10-11. Others are planned for Boston, Massachusetts, and Atlanta, Georgia. In each case those who attended represented the several states in the vicinity. Full cooperation was accorded by both the Division of Nurse Educa-

tion, USPHS, and the Nursing Division of Procurement and Assignment, and members of the two staffs took part in each institute, as well as representatives of the National Nursing Council. Each state council was asked to send its chairman and executive secretary and the chairmen of the Procurement and Assignment and the Student Recruitment Committees. Subjects discussed were procurement and assignment, student recruitment, over-all functions of the Council, public information and finance problems.

CHAIR IN NURSING ENDOWED

A gift of \$35,000 toward endowment of a chair of public health nursing for the School of Nursing of Western Reserve University in honor of the late Kate Hanna Harvey was announced in January.

"It is the first gift ever received by the University for such a purpose, and is particularly welcome at this time when the school is making its postwar plans to develop special courses for the girls who will be coming back for further training after their war service," said Dean Marion G. Howell. "One of the greatest nursing needs is in the field of public health. A recent survey reveals that 826 counties in the United States and 28 cities have no public health nurse at all."

The gift was made by Mrs. Harvey's son and daughter-in-law and her daughter. Mrs. Harvey was one of the founders of the Cleveland Visiting Nurse Association, and she helped to establish the present course in public health nursing at Western Reserve. She was a niece of Senator Mark Hanna, was also a trustee of University Hospitals at the time of her death. Harvey House, the residence for nurses at the School of Nursing, was named for her.

From Far and Near

- The National Nursing Council and the Division of Nurse Education have prepared a new folder entitled "You . . . and Professional Nursing." It is designed to assist candidates in choosing the schools of nursing best equipped to prepare them for the particular phase of nursing they intend to enter upon graduation. It also details the opportunities open to young women in professional nursing. Copies may be

obtained from the Council or from the Division of Nurse Education.

A list of schools of nursing approved by the respective state boards of nurse examiners and listing those with units of the U. S. Cadet Nurse Corps can also be obtained from either of these agencies.

- State nursing Councils for war service now

NEWS NOTES

exist in every state and the District of Columbia, and 987 local councils have been organized on city, county and district bases, the Nursing Council has reported. Nineteen of the state councils employ full-time executives, and in the other states the state nurses' associations share their executives with the council.

- Elizabeth G. McCoy has been appointed assistant to Olivia T. Peterson, director of Red Cross Home Nursing of the American Red Cross, Washington, D. C. Miss McCoy received her B.S. degree from the School of Nursing and Health of the University of Cincinnati and her M.S. in public health nursing at Western Reserve University in Cleveland.

- Thirtieth observance of National Negro Health Week will be held April 2-9 with its special objective and theme, "The Health of Our Children in the Home, School and Community." Program for the week includes:

Mobilization Day, April 2—sermons, lectures, program impetus

Home Health Day, April 3—personal, home and social hygiene

Community Sanitation Day, April 4—neighborhood and health department

Special Campaign Day, April 5—immediate community health problem; also appropriate observance of Booker T. Washington's birthday

Adults' Health Day, April 6—information, physical examination

School Health and Safety Day, April 7—pageants, school and child welfare

General Clean-up Day, April 8—completing community clean-up plan

Report and Follow-up Day, April 9—report of results, year-round plan

General information, publicity literature, and poster contest data may be obtained through the National Negro Health Week Committee, United States Public Health Service, Washington 14, D. C.

- In addition to the six NLNE scholarships for orthopedic nursing recently announced, another grant has been made to Olivia M. Moore of the Homer G. Phillips Hospital, St. Louis, Missouri. Miss Moore has registered for the course in Orthopedic Nursing at Teachers College, Columbia University, for the spring semester.

- The California State Personnel Board announces an examination for the position of public health nurse to be held April 6, 1944, in San

Francisco, Los Angeles, and such other places in California as the number of candidates warrants. Basic monthly salary rate is \$150 plus \$25 wartime emergency increase. California residence is not required. Applications must be filed not later than March 23, 1944, at the Sacramento, San Francisco, or Los Angeles offices of the State Personnel Board. For application forms and further information, write the Board at 108 State Building, San Francisco; 401 State Building, Los Angeles; or 1015 L Street, Sacramento.

- Nine regular Los Angeles City Civil Service vacancies as public health nurse must be filled as soon as possible. Because of the acute need for public health workers in this area, residence requirements have been waived. Candidates must be women who have California registered nurse and public health nurse certificates. Applicants will be rated by a professional board on the basis of applications and supplementary data submitted. There will be no written test. Salary range is from \$170 to \$190 per month.

Applications will be accepted until further notice. For additional information, write the Los Angeles City Civil Service Commission, Room 11, Los Angeles City Hall.

- The annual Hermann M. Biggs Memorial Lecture on Public Health Relations to be held Thursday, April 6, at 8:30 p.m., will be delivered by Wilbur A. Sawyer, M.D., director, International Health Division, The Rockefeller Foundation. The lecture, the subject of which will be "International Health," is open to the general public.

Maternity and Industry—Discharging a woman worker as soon as it is known that she is pregnant, as many plants still do, even though she is physically capable of working several more months, means the complete loss of her services as well as loss of the investment in developing her job skill, the Alabama State Health Department points out in a leaflet entitled "Employing the Married Woman Worker." The Department suggests that an intelligent policy on maternity leave will include the following:

1. Leave will not be compelled because of pregnancy but granted on a physician's certificate.
2. Provision should be made that the worker's job and seniority privileges will be retained pending her return.
3. The maximum length of leave before and after delivery should depend upon the physical condition of the woman as determined by her

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physician and upon presentation of the physician's certificate.

4. Minimum length of leave before delivery should be two months. Every pregnant woman should be considered unemployable after the seventh month and not allowed to work longer.

5. Minimum length of leave after childbirth should be two months, if it is essential that the employee return to work. A reasonable extension of or additional leave should be granted on presentation of a physician's certificate when complications occur. Personnel policy should recognize that an infant needs the mother's care especially during the first year of life.

It is estimated that "the new woman employee represents a substantial investment of time and training, estimated as high as \$500 per worker in some plants." The worry and strain of those who fear dismissal because of pregnancy are factors which seriously impair efficiency.

"Many women workers need their jobs to help support their families. Continuance of a policy of an enforced leave of absence for pregnancy may encourage such a worker to induce a miscarriage or to seek an abortionist as an

escape from the unwanted pregnancy, with resulting loss of efficiency in her job and real danger to herself," the Department states, stressing the opinion that "a liberal policy of letting a qualified physician decide whether the pregnant woman shall or shall not continue to work and for how long, is beneficial to both worker and employer."

Tuberculosis Mortality—That tuberculosis was first in numerical importance as a cause of death at the beginning of the century and seventh in 1940 is brought out in an analysis by the United States Public Health Service of the most recent material available on tuberculosis mortality in the United States. Average number of deaths yearly from all forms of tuberculosis was 60,429 in the period 1939-41, or 45.9 per 100,000 of the enumerated population. Since the beginning of the century tuberculosis mortality has decreased continuously, the rate in 1941 being less than a fourth that in 1900.

(Continued on page A8)

NURSE PLACEMENT SERVICE

NPS announces the following placements and assisted placements from among appointments made in various fields of public health nursing. As is our custom consent to publish these has been secured in each case from both nurse and employer.

PLACEMENTS

*Ella Gilmore, assistant director, National Organization for Public Health Nursing, New York, N. Y.

*Evelyn B. Coleman, executive director, The Visiting Nurse Association, Flint, Mich.

*Marguerite Prindiville, director of public health nursing, Seattle Visiting Nurse Service, Seattle, Wash.

Violet S. Hoar, health educator, U. S. Public Health Service, Juneau, Alaska.

Mildred Mesken, staff nurse, City Department of Public Health, Flint, Mich.

Emma DeCrescenzo, industrial nurse, Owens-Illinois Can Company, Chicago, Ill.

Mrs. Helen Rupertus, industrial nurse, Scully-Jones Company, Chicago, Ill.

Mrs. Adele Zaph, clinic nurse in surgery, Loyola University Dental School, Chicago, Ill.

ASSISTED PLACEMENTS

*Mary McQuillen, assistant director, Department of Public Health Nursing, Syracuse University, Syracuse, N. Y.

*Florence C. Austin, director, Public Health Nursing Organization of Eastchester, Tuckahoe, N. Y.

Elizabeth E. Ulmer, supervising nurse, Tule Lake Center, War Relocation Authority, Newell, Calif.

Mary McCarthy, director of nursing services, American Red Cross—Cambridge Chapter, Cambridge, Mass.

Helen Kraka, industrial nurse, U. S. Signal Corps, Chicago, Ill.

Mrs. Esther P. Brucks, industrial nurse, Mid-Central Procurement District of Army Air Forces, Chicago, Ill.

*The NOPHN files show this nurse is a member.